

Announced Care Inspection Report 4 February 2019



Intensive Domiciliary Support Team

**Domiciliary Care Agency
Shankill Wellbeing & Treatment Centre,
83 Shankill Road, Belfast, BT13 1FD
Tel No: 02895040332
Inspector: Caroline Rix
User Consultation Officer (UCO): Clair McConnell**

www.rqia.org.uk

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

Belfast Health and Social Care Trust (BHSCT) Intensive Domiciliary Support Team is a domiciliary care agency providing intensive domiciliary support (double runs with two staff members) to people living in their own homes. Services are provided across the complete Belfast Trust area. Services provided include personal care, medication and meal provision. The service currently provides care over a 24 hour period to some service users. The agency has a professional team including a nurse and physiotherapist to assess and plan care for their 134 service users and provide professional intervention when required.

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust	Registered Manager: Nuala Kelly
Responsible Individual: Martin Joseph Dillon	
Person in charge at the time of inspection: Nuala Kelly	Date manager registered: 17/02/2014

4.0 Inspection summary

An announced inspection took place on 4 February 2019 from 09.30 to 16.15 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 identified in relation to staff training, supervision and appraisal, adult safeguarding, risk management, care reviews, and communication between service users, staff and other key stakeholders. Further areas of good practice were also identified in regards to the provision of compassionate care and the involvement of service users, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

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 staff for their warm welcome and full cooperation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Nuala Kelly, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 22 January 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 January 2018.

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 and Quality Improvement Plan (QIP)
- Record of notifiable events for 2018/19
- All communications with the agency by RQIA
- User consultation report

During the inspection the inspector met with the manager, a homecare coordinator, the nurse and three homecare workers to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. The staff gave a comprehensive overview of the service and their feedback is contained within the body of this report.

As part of the inspection the UCO spoke with five relatives, by telephone, on 1 February 2019 to obtain their views of the service. The team provide a range of personal care services to service users who require the assistance of two people.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the agency to allow relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received.

The manager was asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision.

Six staff responses were received by RQIA and the survey results indicated that they were 'satisfied' or 'very satisfied' when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel the service is managed well?

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Two staff recruitment records
- One staff induction record
- Three staff supervision records

- Three staff appraisal records
- Three staff training records
- Staff training plan
- Staff meeting minutes
- Staff Northern Ireland Social Care Council (NISCC) registration information and renewal process for registration
- Statement of purpose
- Service user guide
- Two service users' records regarding care and support plans, reviews and quality monitoring
- Three of the agency's monthly monitoring reports
- Annual quality review report for 2017
- Records of communication with other professionals
- Notification and incident records
- Complaints log and records
- Compliments log and records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager Nuala Kelly at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 January 2018

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 22 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 16(2) (a) Stated: First time To be completed by: Immediate and ongoing	The registered provider must ensure that each employee of the agency-(a) receives training appropriate to the work he is to perform. Ref: 6.4 Action taken as confirmed during the inspection: The inspector reviewed the agency's training matrix and training records maintained for	Met

	individual staff members; these indicated that staff had completed or were scheduled to complete all the relevant training.	
Area for improvement 2 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 Action taken as confirmed during the inspection: Records viewed evidenced that the registered manager has ensured that the staff information required to be retained in staff files, including confirmation that the domiciliary care worker is physically and mentally fit for the purposes of the work they are to perform, has been signed by the registered manager and staff.	Met

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 agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The organisation has a central Human Resources (HR) department which oversees the recruitment process, including the completion of appropriate pre-employment checks. Records viewed and discussions with the manager confirmed that all pre-employment information has been satisfactorily completed and verified in line with regulations and standards.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records confirmed that all staff are registered with NISCC or Nursing and Midwifery Council (NMC). The manager discussed the system in place to identify when staff are due to renew registration with NISCC and NMC.

The induction programme for new staff was viewed, which includes a detailed induction procedure and support mechanisms in place which is compliant with Regulation 16.(5)(a).

Documentation viewed by the inspector contained details of the information provided during the induction period of one homecare worker and learning outcomes to be achieved over a six month period that includes a system for shadowing other staff employed by the agency.

The inspector reviewed the agency's training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed or were booked to complete relevant training. The manager discussed the challenge of securing training places for staff updates within a large organisation, and the inspector viewed an email from the training team, received on the day of inspection, where update training had been cancelled at short notice.

Records of training and staff feedback indicated that staff complete a range of training necessary to meet the individual needs of service users and to develop their knowledge and skills for example: dementia awareness, stoma care, swallowing awareness and human rights training. The organisation has a learning and development team to assist in ensuring that learning objectives have been met, and to identify future learning needs.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures. Staff described the value of the various supervision meetings with the manager and homecare co-ordinator. Staff confirmed senior staff are approachable and available at any time for support and guidance.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Safeguarding' protocol provided clear information and guidance as required; in line with (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'.

The details of the agency's Adult Safeguarding champion with key responsibilities are detailed in their procedure. The manager demonstrated a clear understanding of safeguarding issues; and could describe the procedure to be followed which is in accordance with the agency's protocol and procedures. No referrals have been made since the last inspection.

The agency's whistleblowing policy and procedure was found to be satisfactory, and had been reviewed by the organisations policy committee on 11 January 2018. Staff demonstrated a clear understanding of the whistleblowing procedure.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust. Records confirmed that risk assessments had been completed in conjunction with service users/ representatives.

The UCO was advised by all of the service user's relatives spoken with that they had no concerns regarding the safety of care being provided by the Belfast Trust's Intensive Domiciliary Support Service. Care is being provided by teams of consistent care workers. New care workers are introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new care worker had knowledge of the required care.

No issues regarding the care workers' practice or the care given were raised with the UCO by the relatives; examples given included manual handling skills and use of equipment.

All of the relatives confirmed that they could approach the care workers and office staff if they had any concerns, and any issues were addressed to their satisfaction. Examples of some of the comments made by the relatives are listed below:

- “Very happy with them.”
- “Some carers are better than others but overall we’re happy with the care.”
- “No issues at all.”

Staff commented during inspection:

- “Our training is very good and our team are well experienced and trained to know when to contact nurse or coordinator if service users’ needs change.”
- “I know how important my training is, I reported a new bruise found on a service user’s foot recently, which had been accidentally caused by their hairdresser and is now healing well.”
- “I enjoyed my recent training course, it was intensive but I learnt a lot.”
- “Training has helped me do my job to the best standard. We learn about complex medical conditions to help our service users stay at home. The nurse and physiotherapist are available at any time for guidance and support.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, induction, training, adult protection and management of risks.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 assessing and meeting the needs of people who use the service were examined during the inspection.

The inspector examined two service users’ care records. The care plans and risk assessments had been confirmed during their initial service visits and contained evidence that service users’ and/or relatives’ views had been obtained and where possible, incorporated. The care plans reviewed by the inspector were up to date, and clearly detailed the service users’ needs and how the service user wished for these to be met. Service User Agreements were consistently provided to service users within the required timescale.

The UCO was informed by the relatives spoken with that they had no concerns regarding the care workers’ timekeeping or that care has been provided in a rushed manner. One relative advised that they had experienced one missed call from the agency. The manager confirmed this matter had been addressed and the apology to family accepted.

No issues regarding communication between the service users, relatives and staff from the Belfast Trust's Intensive Domiciliary Support Service were raised with the UCO. One issue was raised with the UCO in relation to recordkeeping which was discussed with the manager during the inspection.

The relatives advised that home monitoring visits and telephone contacts have taken place to obtain their views on the service. One relative was also able to confirm that they had received a questionnaire from the agency.

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

- "Consistency is great. Have got to know them."
- "Anything I have raised with management has been addressed."
- "No problems at all."

The manager discussed with the inspector their on-going review, with all staff, their record keeping procedure during supervisions and team meetings.

The agency's staff supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures.

The inspector confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. From the records reviewed, no staff practice issues were identified for improvement; records detailed observation of manual handling practices along with a variety of other tasks. It was good to note positive comments from service users had been recorded on the monitoring records.

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required. The manager advised that care reviews with the HSC Trust representatives were held annually or as required; and the staff are usually invited to attend or asked to provide a verbal or written summary on the current needs of the service user.

Staff commented during inspection:

- "I love my job, getting to help people stay at home. I believe the team do a special job for every service user."
- "I get a reward providing palliative care, being able to help a service user have their final wish met to die at home is very important, however, it is also very sad and we miss them."
- "The team have built up trust and relationships with our service users and families, some over many years. We attended a service user's funeral recently which the family said they really appreciated."

Areas of good practice

There were examples of good practice found in relation to the review of care needs and the agency's engagement with the service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support.

The agency carried out service user quality monitoring contacts on an ongoing basis to specifically ascertain and include the views of the service users and their representatives. Records reviewed during inspection support ongoing review of service users' needs.

All of the relatives spoken with by the UCO felt that care was compassionate. The relatives advised that care workers treat them with dignity and respect and in the main, has not been rushed. Relatives indicated that, as far as possible, service users are given their choice in regards to meals and personal care.

Views of service users and relatives had been obtained to ensure satisfaction with the care that has been provided by the Belfast Trust's Intensive Domiciliary Support Service through home visits, phone calls and questionnaires.

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

- "Nice girls. They've become like family."
- "So good and caring."
- "Quite friendly. XXX enjoys the banter with them."

Staff members spoken with during the inspection described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

Staff members commented during the inspection:

- "I love my job. It is important to ask for the family input as they help us learn about each service user's special wishes, likes and dislikes, such as how much butter they like on their toast. We have built up a close bond and get to know how they like things done."
- "I really enjoy my work; we know it is so important that they keep well, as it is vital to allow them to stay at home. It is great that when I report a problem to the coordinator, the nurse or physiotherapist come out to the service users home right away to review their care."
- "The care we provide changes when the service users' needs change. I enjoy knowing we have left the service user safe, comfortable and relaxed in their home. We have a great team and I love my job."

The inspector reviewed the records of monitoring visits within the files sampled which confirmed these had been completed in line with the timescales as detailed in the procedure. A planning tool was viewed which detailed when each service user was due their next home monitoring visit and the date it had been completed.

Compliments examples reviewed during inspection provided the following information in support of compassionate care:

- ‘Thank you to all your team for the care provided to my relative. On numerous occasions I saw first-hand the way in which care was administered, we could not have wished for better. The care workers handled difficult situations with professionalism and dignity. They kept a smile on their faces at all times and treated xxx with such love and respect. They did make a huge difference by giving such a high quality of care and another reason for xxx to wake up in the morning.’ (Letter from a late service user’s family).
- ‘Words aren’t enough to explain our gratitude for the care shown to our xxx. We were blessed by you going the extra mile every single time. You made an unbearable time a little bit easier by the support and kindness given to xxx and also to me and the family. We will always be grateful. Thank you all.’(Thank you card from family of a late service user).

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. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

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 examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by the organisation have been implemented at the agency.

The agency’s Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated January 2019. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

Discussion the staff indicated they understood the organisational structure within the agency and their role and responsibilities. The staff members consulted with indicated that the manager and homecare co-ordinators were supportive and approachable.

Staff members commented during the inspection:

- “I love my job. If I have any issues or problems I can speak with the manager or coordinator to get it sorted out. They are all very approachable and it is reassuring knowing I can ask for advice any time.”

- “I can discuss any problems or matters with the manager; there is an ‘open door’ policy here.”
- “The only downside of my job is driving when it is icy at night-time.”
- “I am proud of the service we provide, it is very special.”

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily.

All of the relatives spoken with by the UCO confirmed that they are aware of whom they should contact if they have any concerns regarding the service, and any issues raised have been addressed to their satisfaction. No concerns regarding the management of the agency were raised during the interviews.

The agency has team meetings in which opportunities were given to staff to share information and learning. The minutes of recent meetings viewed detailed effective communications within the team. The domiciliary homecare service publish a staff newsletter three monthly, which the inspector reviewed for winter 2018. This newsletter contained a variety of information and updates for staff including; compliments, winter season preparations, staff appointments, training opportunities and congratulations for staff achievements.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey.

The inspector reviewed the feedback received by the agency as part of their annual quality review for 2017. The inspector noted that the information collated during the annual survey report was shared with service users, staff and HSC trusts during spring of 2018. The manager indicated that the annual survey for 2018 was being carried out during January 2019.

Monthly monitoring reports were viewed for audits completed from October to December 2018. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by an area manager who has a good working knowledge of the service.

Each report contained a summary of service user, relatives and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The records included details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation, finance and training.

The agency maintains and implements a policy relating to complaints. The inspector noted that two complaints had been received since the last inspection. Records reviewed confirmed that each was appropriately managed in accordance with the agency’s policy, and each matter had been resolved.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance and management arrangements. There was evidence of good working relationships with key stakeholders.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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