



The Regulation and
Quality Improvement
Authority

Intensive Domiciliary Support Team
RQIA ID: 10885
Shankill Wellbeing & Treatment Centre
83 Shankill Road, Belfast
BT13 1PD

Inspector: Amanda Jackson
User Consultation Officer: Clair McConnell
Inspection ID: IN22991

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**Announced (short notice) Care Inspection
of
Intensive Domiciliary Support Team**

24 March 2016

The Regulation and Quality Improvement Authority
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced (short notice) care inspection took place on 24 March 2016 from 09.00 to 13.00. 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 Mrs Nuala Kelly as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: BHSC Intensive Domiciliary Support Team/Mr Martin Joseph Dillon	Registered Manager: Mrs Nuala Kelly
Person in charge of the agency at the time of Inspection: Mrs Nuala Kelly	Date Manager Registered: 17 February 2014
Number of service users in receipt of a service on the day of Inspection: 93	

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
- Consultation with five staff
- Five Staff surveys reviewed
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with one service user and four relatives on 25 February 2016 to obtain their views of the service. The service users interviewed receive assistance with personal care.

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

The inspector also reviewed the agency's documentation relating to three service users.

During the inspection the inspector met with five 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. Five staff questionnaires were received following the inspection and feedback is detailed within the report.

The following records were examined during the inspection:

- Manager training records and competency assessment
- Two co-ordinators training records and competency assessments
- Two care staff training records and competency assessments
- One incident record (notified to RQIA)
- Three service users care plans and/or risk assessments regarding restraint
- Two care staff and two co-ordinator quality monitoring, supervision and appraisal records
- Supervision policy and procedure
- Three service user home records
- Two staff member's supervisions records relating to recording practices
- 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
- Two complaints
- Three staff communication logs regarding changes to service users' needs
- Additional staff training in dementia and end of life care
- 2014 Annual quality report
- Three monthly quality monitoring reports
- Three staff/locality area rota's
- Missed/late calls procedure
- On call protocol
- Three on call logs
- On call rota.

5. The Inspection

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 service users aged 40 years and upwards. Service are provided across the complete Belfast trust area and had traditionally been two separate services within North and West Belfast Trust and South and East Belfast Trust. Services provided include personal care, medication, meal provision and light housework i.e. bed changing. The service currently provides care over a 24 hour period with up to six calls per day to some service users. The agency employs 130 staff members and provides service provision to approximately 93 service users.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 30 March 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 16(2)(a) Regulation 11(1)(3) Regulation 13(b)	The registered manager is required to ensure implementation of mandatory training across all staff groups (including care and management staff) to include supervision and appraisal training for the registered manager and management staff as appropriate. Competency assessments are also required for all mandatory areas.	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of the managers file evidenced all training in line with mandatory training guidelines including supervision and appraisal training and competency sign off by line manager during annual staff appraisal.</p> <p>Review of two co-ordinator files referenced staff mandatory training, training in the areas of supervision and appraisal and competency sign off in respect of all mandatory areas completed at staff appraisal annually.</p> <p>Review of two care staff files referenced staff mandatory training and competency sign off in respect of various areas of mandatory training. The inspector discussed the manager implementing the overall competence sign off within the appraisal process as currently used for the co-ordinator and management staff referenced above.</p>	
Requirement 2 Ref: Regulation 21 and Schedule 4 and Regulation 22(8)	The registered manager is required to ensure all incidents are reported to RQIA within the required 24 hour timeframe and that all associated records are centrally maintained for future review.	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of one incident reported to RQIA since the previous inspection was confirmed as compliant.</p>	

Requirement 3 Ref: Regulation 15(10)	The registered manager is required to ensure service user restraint (bedrails, lap bands or other forms of restraint) are appropriately recorded on service user care plans and/or risk assessments.	Met
	Action taken as confirmed during the inspection: Review of three service user records evidenced risk assessments regarding restraint (bedrails and lap bands).	
Requirement 4 Ref: Regulation 16(2)(a) and Regulation 16(4)	The registered manager is required to ensure care staff training, quality monitoring, supervision and appraisal processes are compliant with the agency policy timeframes.	Met
	Action taken as confirmed during the inspection: Records reviewed for four care staff were confirmed as compliant with Regulation 16(2)(a) and Regulation 16(4).	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13.2	The registered manager is recommended to review and update the supervision policy to clearly reflect the process and timeframes for all management staff.	Met
	Action taken as confirmed during the inspection: The revised supervision policy dated 24 June 2015 was reviewed as compliant.	

Recommendation 2 Ref: Standard 5.2	The registered manager is recommended to ensure all staff recording is compliant with standard 5.2 and where recording is not compliant that appropriate measures are taken to address such matters with individual staff members.	Met
	Action taken as confirmed during the inspection: Review of three service user files confirmed recording in compliance with standard 5.2 and recommendation 2. Two staff members non-compliant recording with standards evidenced appropriate follow up by the agency regarding staff quality monitoring/supervision.	

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 new carers 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 the carer's knowledge of the required care.

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.

Questionnaires are sent out by the agency to obtain the views of the service from service users or their representatives. A number of people interviewed were able to confirm that management visits are taking place to discuss their care as well as observation of staff practice.

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 report 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 evidenced at inspection. Service user quality visits and contacts were confirmed during inspection for three service users and had taken place in line with the confirmed timeframes.

The agency had received two complaints since the previous inspection. Review of both complaint 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:

'I would like to thank the care team who looked after my dad, they all treated him with such dignity and compassion'.

'With heartfelt thanks for your outstanding care, XXX called you 'sunshine and flowers'.

'The care and attention provided by each and everyone of the staff was second to none'.

Discussions with five 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 and review of outcomes 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.

Five 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 by staff including

dementia awareness and end of life care training. Five staff questionnaires received raised no issues with training with one staff member commenting that 'very good training is provided'.

Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from the Belfast Trust. 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:

- "Excellent service".
- "Couldn't complain; they're brilliant".
- "Very cheery and caring".
- "No complaints whatsoever".

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user's condition. Examples given included working with service users with motor neurone, Multiple Sclerosis and limited mobility following a stroke.

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 surveys from the agency.

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 assessed needs.

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

Five staff questionnaires returned raised no concerns regarding compassionate care delivery. One staff questionnaire did however raise dissatisfaction with the time allocated to talk with service users and two staff questionnaires expressed dissatisfaction with the systems in place to seek feedback from service users and to allow service users to influence the running of the agency. 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 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 manager explained the service has not received any missed calls due to the nature of complex service user needs. No records were therefore available for review in this respect. Review of records during inspection confirmed good communication with service users and staff when changes in care arise. Communications with the referring HSC Trust commissioners were not available for review during inspection as no missed call had occurred. 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 service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. The people interviewed also advised that they had not experienced any missed calls from the agency.

The managers confirmed that missed calls would not occur in the service due to service users' complex needs. The manager discussed occasional late calls which would be covered by additional staff when matters arise.

Procedures and two records reviewed for staff quality monitoring and disciplinary processes were reviewed during inspection as appropriate.

Monthly monitoring reports completed by the assistant services manager were reviewed but do not reference missed calls as stated previously.

Staff interviewed on the day of inspection confirmed that they felt supported by management staff and 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.

Five staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes were calls are missed or delayed. One staff questionnaire commented 'We have a great management team to help and advise on any issues that arise'.

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 reviewed one incident during the inspection, which was received since the previous inspection. This matter is currently ongoing and all records to date were evidenced and centrally maintained.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager Mrs Nuala Kelly 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>
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Registered Manager Completing QIP	Nuala Kelly	Date Completed	11.5.16
Registered Person Approving QIP	Martin Dillon	Date Approved	18/05/2016
RQIA Inspector Assessing Response	A.Jackson	Date Approved	31/05/16

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

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