

# Unannounced Care Inspection Report 22 January 2018



## Intensive Domiciliary Support Team

Domiciliary Care Agency  
Shankill Wellbeing & Treatment Centre,  
83 Shankill Road, Belfast, BT13 1FD  
Tel no: 028 9504 0332  
Inspector: Michele Kelly

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a domiciliary care agency which provides intensive support including a range of personal care services to people living in their own homes in the Belfast area. Carers provide care to service users who require assistance of two people. The agency has a professional team including a nurse, social worker and physiotherapist to assess and plan care for the service users and provide professional intervention when required.

### 3.0 Service details

<b>Registered organisation/registered person:</b> BHSCT/Mr Martin Dillon	<b>Registered manager:</b> Nuala Kelly
<b>Person in charge of the service at the time of inspection:</b> Nuala Kelly	<b>Date manager registered:</b> 17/2/14

### 4.0 Inspection summary

An unannounced inspection took place on 22 January 2018 from 10.00 to 16.30 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to a number of areas of service delivery and care records and was supported through review of records at inspection. The service is supported by a multidisciplinary professional team which offers timely access to professional assessment and intervention. Feedback from service users, families and staff during the course of the inspection was positive.

Areas requiring improvement were identified and relate to ensuring the registered manager or registered person:

- Provides a statement that a person to be employed is physically and mentally fit for the purposes of the work he is to perform.
- Ensures all staff attends mandatory training.

As part of the inspection the User Consultation Officer (UCO) spoke with one service user and five relatives, by telephone, between 25 and 29 January 2018 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Management of medication
- Personal care
- Meals

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

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

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 20 February 2017

No further actions were required to be taken following the most recent inspection on 20 February 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report.
- Record of notifiable events for 2016/2017
- Report from the User Consultation Officer (UCO)

Following the inspection the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Feedback received by RQIA from 20 respondents who completed part of the online questionnaire is included in this report. The inspector informed a manager who was deputising for the registered manager about areas of dissatisfaction within the electronic responses received. It was agreed that issues would be addressed at staff meetings and supervision.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Three long term staff members' supervision and appraisal records.
- Three long term staff members' training records.
- Staff training matrix.
- Staff meeting minutes.
- Staff NISCC registration and renewal of registration processes.
- Statement of purpose.
- Service user guide.
- Three long term service users' records regarding ongoing review, and quality monitoring.

- Three service users' call records.
- Three monthly monitoring reports.
- Annual quality process.
- Communication records with HSCT professionals.
- Complaints log.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

During the inspection the inspector met with three staff and a nursing sister who is a member of the professional team associated with the service.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 20 February 2017**

The most recent inspection of the agency was an announced care inspection. There were no areas of improvement made as a result of the last care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 20 February 2017**

There were no areas for improvement made as a result of the last care inspection.

## **6.3 Inspection findings**

### **6.4 Is care safe?**

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

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

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

The agency's policies and procedures in relation to safeguarding adults were reviewed. The agency has implemented the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The manager confirmed that there had been no referrals to Adult Safeguarding since the last inspection. Staff spoken with during inspection also presented an understanding of their role in safeguarding and whistleblowing.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring, supervision and appraisal. The inspector also viewed the training matrix and discussed gaps in mandatory training specifically Safeguarding Adults and Manual Handling training for a number of staff. This area for improvement was discussed with the manager who confirmed difficulties in staff accessing sessions which tend to get booked up very quickly by other BHSCT staff.

Discussions with staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The manager confirmed that recruitment is ongoing; she also discussed the challenges which had impacted on staffing levels in recent months but was hopeful that new staff would ease the situation.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. The agency's assessment and care planning policy outlines the process for assessing and reviewing risk.

It was identified that the agency has a range of risk assessments in place relating for individual service users. The agency receives a range of relevant information and assessments relating to individual service users prior to them receiving care and support.

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

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by the Belfast Trust's Intensive Domiciliary Support Team. New carers had been 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 carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling, use of equipment and management of medication.

All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- “XXX is quite happy with the care.”
- “Couldn’t do without them.”
- “No issues at all.”

**Comments received during inspection.**

**Staff comments;**

“The service is safe; managers are always there when you need them”

“There are enough staff; there are always two members of staff on every call”

Feedback received following the inspection via survey monkey from three of the 20 staff who responded indicated dissatisfaction with safety within the agency. The inspector informed a manager who was deputising for the registered manager about areas of dissatisfaction within the electronic responses received. It was agreed that issues would be addressed at staff meetings and supervision.

**Comments included;**

“Better communication between staff and managers needed”

“Can’t always contact on call over the weekend”

**Areas of good practice**

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

**Areas for improvement**

The registered provider must ensure that each employee of the agency receives training appropriate to the work he is to perform.

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

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	0

## 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed. The Statement of Purpose and Service User Guide contain details of the nature and range of services provided.

The manager could describe the processes used for supporting service users to be involved in the development of their care plans; it was identified that service users are provided with a copy of their care plan and timetable of services during the agency's initial monitoring visit. The agency requests that service users sign their care plan if possible to indicate that they have agreed to the care and support to be provided. The inspector noted that the professionals within the agency endeavour to ensure care planning is person centred and regularly reviewed to meet service users' needs.

The services users who receive care require the assistance of two staff and also other multi professional input. A nurse employed by the agency discussed the complexity of care required by some service users and described the advantages of having other professionals within the team to liaise with in order to meet needs promptly and flexibly.

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

Records of quality monitoring visits were noted to include a review of accidents, incidents or safeguarding referrals, complaints, medication, care plans and staffing arrangements. It was also noted comments made by service users, and where appropriate their representatives are recorded monthly and that the assistant services manager signs each report. The inspector also viewed evidence of engagement between the agency's staff and other Belfast Health and Social Care (BHSC) staff who may be involved with service users.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from the Belfast Trust's Intensive Domiciliary Support Team were raised with the UCO. The service users and relatives advised that home visits or phone calls have taken place to obtain their views on the service; however no one was able to confirm getting a questionnaire from the agency. Examples of some of the comments made by service users or their relatives are listed below:

- "Couldn't ask for better."
- "Never had a bad experience."
- "All working out great."



**Comments received during inspection.**

**Staff comments;**

“There are enough resources; you just get on the phone if a service user’s condition changes”

“Laminated written instructions are provided for staff if specific steps are to be followed”

Feedback received following the inspection via survey monkey from three of the 20 staff who responded indicated dissatisfaction with the effectiveness of care within the agency.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 inspector assessed the agency’s ability to treat service users with dignity and respect, and to engage service users in decisions affecting the care they receive. Discussions with the person in charge and staff indicated that the values such as choice, dignity and respect were embedded in the culture of the organisation; staff stated that they had received training in relation to confidentiality and human rights.

Staff could describe the methods used for supporting service users to make informed choices and for ensuring that their views and wishes are respected. The inspector was informed about how end of life care could be provided to a service user who lived alone because the agency had the expertise and flexibility and liaised closely with the palliative care team.

There are processes in place to promote effective engagement with service users they include the agency’s monthly quality monitoring process; compliments and complaints process; care review meetings and monitoring visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided.

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

Views of service users and relatives have been sought through home visits and phone calls to ensure satisfaction with the care that has been provided by the Belfast Trust’s Intensive Domiciliary Support Team. Examples of some of the comments made by service users or their relatives are listed below:

- “Absolutely fabulous.”
- “They’re very respectful.”
- “Very professional.”

Feedback received following the inspection via survey monkey from five of the 20 staff who responded indicated they were not satisfied that service users were treated with compassion. Again any comments as to why.

**Areas of good practice**

There were examples of good practice identified in relation to the agency’s processes for engaging with service users, obtaining feedback from service users and stakeholders, effective communication and providing care in an individualised manner.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

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

The inspector viewed the management arrangements and found there was a clear organisational structure. Mrs Nuala Kelly leads a team of staff including a nurse, social worker and physiotherapist who are aware of their roles, responsibility and accountability. The agency provides domiciliary care to 115 people living in their own homes.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained information in compliance with the relevant standards and regulations. The agency’s complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

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

The policy and procedures which were reviewed were discussed with the registered manager. Staff spoken with during inspection confirmed that they had access to the agency’s policies and procedures.

The agency retains a record of all complaints or compliments received. The inspector identified from records viewed that the agency has acted in accordance with their policy and procedures in the management of complaints and records the outcome of the investigation of any complaints received. The registered manager outlined the background to two complaints and the agency’s responses; the inspector was satisfied that appropriate actions had been taken.

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

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

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No complaints had been made regarding the service or management of the agency.

**Comments received during inspection.**

**Staff comments;**

“We all enjoy our job”

“We get very regular supervision”

Feedback received following the inspection via survey monkey from four of the 20 staff who responded indicated they were not satisfied that the service was well led. As before?

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s governance arrangements, registration with regulatory bodies and management of complaints.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## **7.0 Quality improvement plan**

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

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

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

## **7.1 Areas for improvement**

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

## **7.2 Actions to be taken by the service**

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

## Quality Improvement Plan

### Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 16(2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered provider must ensure that each employee of the agency-(a) receives training appropriate to the work he is to perform.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The registered manager will ensure that each employee will receive mandatory training required, including Safeguarding Adults and Manual Handling.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 13 Schedule 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(c)he is physically and mentally fit for the purposes of the work which he is to perform;</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The registered manager will ensure that the Staff Information 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, will be signed by the registered manager on an annual basis.</p>



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