

# Unannounced Follow Up Inspection Report 15 August 2018



## Connected Health Domiciliary Care Ltd

Type of Service: Domiciliary Care Agency  
Address: 3B Boucher Business Studios, Glenmachan Place, Belfast,  
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Tel No: 02890329777  
Inspector: Marie McCann

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Connected Health Domiciliary Care Ltd is a domiciliary care agency based in Boucher Road, Belfast. A staff team of 320 provides community based domiciliary care services to service users in their own homes. Service users have a range of needs including dementia, mental health, learning disability and physical disability. The services provided include personal care, social support, carer support, palliative care, meal preparation and domestic duties. Service provision is across the province and is commissioned through the Belfast Health and Social Care Trust, South Eastern Health and Social Care Trust, Southern Health and Social Care Trust, Western Health and Social Care Trust and Northern Health and Social Care Trust.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Connected Health Domiciliary Care Limited  <b>Responsible Individual(s):</b> Mr Douglas Joseph Adams	<b>Registered Manager:</b> Ms Lorraine Corr
<b>Person in charge at the time of inspection:</b> Ms Lorraine Corr	<b>Date manager registered:</b> 10 May 2018

### 4.0 Inspection summary

An unannounced inspection took place on 15 August 2018 from 09.00 to 12.00.

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

The inspection was undertaken following information received by RQIA in relation to the service provided by the agency commissioned by the Northern Health and Social Care Trust (HSCT). The concerns related to staffing issues, training and management of service user information and duration of call times.

It is not the remit of RQIA to investigate complaints, whistleblowing or adult safeguarding concerns made by or on behalf of individuals, as this are the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the agency.

The following areas were examined during the inspection:

- staffing arrangements
- staff training
- management of service user information
- service user satisfaction

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.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Lorraine Corr, 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 24 July 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 July 2018.

## 5.0 How we inspect

Prior to inspection the inspector analysed the following records:

- previous inspection report and quality improvement plan dated 24 July 2018

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

- discussion with the registered manager and administration staff
- examination of staff rota information and staff training records
- evaluation and feedback

The following records were examined during the inspection:

- staff training records
- staff rota information
- the agency's electronic recording system
- service user feedback records
- staff team meetings

During the inspection the inspector met with the registered manager and a number of the agency's administrative staff.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 24 July 2018.

The most recent inspection of the agency was an unannounced care inspection.

This QIP will be validated by the care inspector at the next care inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 24 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 14.8 <b>Stated:</b> First time	The registered person shall ensure that all relevant persons and agencies are notified of the outcome of any investigations undertaken by the agency.  Ref: 6.4	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> This inspection focused solely on issues previously outlined in section 4.0. The area for improvement from the last care inspection on 24 July 2018 was not reviewed as part of this inspection and is carried forward to the next care inspection.	

## 6.3 Inspection findings

### Staffing arrangements

Discussions with the registered manager established that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the needs of service users. A sample of the agency's staff rota information viewed by the inspector reflected staffing levels as described by the registered manager. The records included details of start and end times of calls and task times, the records in place were noted to be satisfactory.

### Areas of good practice

It was positive to note that staff rota information was obtained in an organised manner and that specific staff were employed to manage the agency's rota's and ensure there is capacity to undertake commissioned calls. Staff have access to their individual rotas via the agency's online system using their unique ID and password.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## Staff training

The inspector viewed the agency's system to ensure all staff receive appropriate training to fulfil the duties of their role. The agency provides in-house training for staff and maintains a training matrix record which confirmed all care staff had completed the required mandatory training and that arrangements were in place to identify and meet ongoing training updates required in line with a rolling programme of training. A sample of staff training records were examined with respect to moving and handling training provided to staff. It was positive to note that staff signatures were obtained to confirm training was received and a certificate was provided to confirm competency.

### Areas of good practice

It was positive to note that additional training opportunities were provided to staff in relation to dementia awareness, palliative care, stoma and catheter care.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## Management of service user information

The registered manager confidently described the process for ensuring that service user information is managed appropriately in line with data protection measures. The registered manager demonstrated awareness of the agency's responsibilities under the General Data Protection Regulations (GDPR) and the requirement to report to the relevant HSCT if service user records are not returned to the agency when a care package ceases.

### Areas of good practice

The inspector viewed the minutes of a sample of agency team meetings, which evidenced that staff were asked to identify any issues and the importance of recording and reporting any concerns was reiterated to care staff.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## Service user satisfaction

Staff spoken with on the day of inspection confirmed that the ongoing quality monitoring of services received by service users and staff practice, was completed to ensure effective service delivery. The quality monitoring officer advised that monitoring visits were undertaken with service users on a regular basis. Service users were asked for feedback on a number of issues including, the behaviour of staff with respect to ensuring that service users were treated with dignity and respect, the punctuality of staff, and staff staying for the allotted time. A sample of these records signed by service users was viewed and feedback noted to be positive.

The registered manager advised that the agency undertakes a weekly meeting with the NHSCT to review the commissioned service. In addition communication is also maintained with relevant NHSCT staff as and when required to advise of any change in service users' needs or to request a specialised assessment or input from the multi-disciplinary team.

### Areas of good practice

The quality monitoring officer undertook an audit of service user's monitored in March 2018. This audit identified that 100 percent of service users were happy with the work of the agency.

### 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 Ms Lorraine Corr, 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 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 Minimum Standards, 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 14.8</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 all relevant persons and agencies are notified of the outcome of any investigations undertaken by the agency.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>





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