

Unannounced Follow Up Care Inspection Report 27 September 2017











Connected Health

Type of service: Domiciliary Care Agency Address: 3B Boucher Business Studios, Glenmachan Place

> Belfast, BT12 6QH Tel No: 028 90329777 Inspector: Jim McBride

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 333 provides community based domiciliary care services to service users in their own homes. The service is provided to those who are frail elderly, have learning disability and mental health care needs. The services provided include personal care, social support, carer support, palliative care, meals preparation and domestic duties. The provision mainly operates in the locality areas of greater Belfast, Dunmurry, Lisburn and Hillsborough. Service provision is commissioned through the Belfast Health and Social Care Trust, South Eastern Health and Social Care Trust, Southern Health and Social Care Trust.

3.0 Service details

Organisation/Registered Provider: Connected Health Domiciliary Care Agency	Registered Manager: Lorraine Corr (Acting Manager)
Responsible Individual: Douglas Adams	
Person in charge at the time of inspection: Lorraine Corr (Acting Manager)	Date manager registered: Lorraine Corr awaiting registration

4.0 Inspection summary

An unannounced inspection took place on 27 September 2017 from 09.30 to 11.00.

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

The inspection was to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

RQIA not only seeks to ensure that compliance with regulations is met but also aims to use inspection to support providers in improving the quality of services.

The following areas were examined during the inspection:

- staffing
- complaints
- service user care calls times

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
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 Lorraine Corr, Acting Manager as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 27 July 2017

No further actions were required to be taken following the most recent inspection on 27 July 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:

- the previous inspection report
- any correspondence with RQIA since the previous inspection.

During the inspection the inspector met with the acting manager, two senior care staff and the registered provider.

The following records were examined during the inspection:

- six staff rotas including staff double and single care run information
- complaints since the previous inspection
- staff turnover records since June 2017
- staff recruitment records since June 2017
- missed/late care calls information

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 July 2017

The most recent inspection of the agency was an unannounced care inspection. No areas for improvement were identified.

6.2 Inspection findings

Staffing

The inspector noted a number of staff rotas and care run information. The acting manager and area manager described to the inspector how the rotas worked both for single and double runs. The inspector noted a number of staff who have left the service since June 2017 and the number of staff who have been engaged by the agency since June 2017. The acting manager described the reasons for those leaving the service following exit interviews.

The acting manager stated that new staff are offered the choice of working within their own homes areas as well as their preference of work tasks. The inspector viewed a number of staff records with agreements to the following:

- full time work
- weekends only
- tea calls only
- night work only
- individual week day working

The inspector noted that the staff rotas reviewed during the inspection described evidence of adequate staff numbers to meet service user needs.

Areas of good practice

- staff exit interviews
- work flexibility

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Complaints

The inspector noted that the agency had received no complaints from service users or staff since the previous inspection of the 27 July 2017. The acting manager and staff informed the inspector of the procedures for dealing with complaints and the fact that the managers have an open door policy for both staff and service users. The area managers who deal with both staff and service users daily can be contacted anytime about concerns both in and out of working hours.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Service users call times

The inspector examined a number of staff rotas that clearly show individual care call times. A number of double care runs undertaken by staff show runs can last from three to six hours with a fifteen minute flexibility built in between calls; the acting manager stated that this flexibility has been agreed with the HSC Trust and service users. The acting manager stated that if staff have difficulties with allocated time slots, either double or single runs they can discuss this with the area managers who will look again at rotas and be as flexible as possible, whilst ensuring they continue to meet the needs of service users.

Discussions with the acting manager 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.

Service users are informed of possible late calls by the area managers. The staff interviewed stated that area managers will always endeavour to cover all calls either by other care staff or by an area manager.

Areas of good practice

• communication with service users from staff and are managers.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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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