

Unannounced Care Follow Up Inspection Report 18 September 2019



Connected Health Domiciliary Care Ltd

Type of Service: Domiciliary Care Agency
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Tel No: 02890329777
Inspector: Aveen Donnelly

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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 Belfast which provides personal care, social support and sitting services to people in their own homes.

A team of 462 care staff are currently providing care services to 1120 service users. Service users have a range of needs associated with learning disability, physical disability, dementia and mental health conditions. The majority of the services are commissioned by each of the Health and Social Care (HSC) Trusts across Northern Ireland, with a smaller number being provided in a privately funded capacity.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 18 September 2019 from 10.00 to 15.45.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, The Northern Ireland Social Care Council (Social Care Workers Prohibition) and fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

Information received by the Regulation and Quality Improvement Authority (RQIA) prior to this inspection reported that the agency had failed to provide services to one or more service users; and did not have in place adequate contingency measures in place to address staff shortages. RQIA also received information which indicated that the agency had not been informing the relevant HSC Trust of incidents which had occurred. Whilst it is not the remit of RQIA to investigate whistleblowing concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care, where RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required.

In light of the concerns received by RQIA, the inspection sought to examine the agency's staffing arrangements, monitoring processes, communication and reporting procedures. The inspection also sought to assess progress with issues raised during the previous care inspection.

On the day of inspection the inspector found evidence to substantiate the reported concerns regarding staffing shortages and the non-reporting of incidents. It was noted that these concerns had occurred particularly in August 2019. Given that adequate contingency measures had since been put in place to ensure that the service users' needs are met, a decision was made to issue a Quality Improvement Plan, in order to address the concerns identified.

Areas for improvement were identified in relation to the system for ensuring care calls are delivered in a timely manner, staffing provision, reporting of adverse incidents, complaints management and quality monitoring processes.

An area for improvement, previously made in relation to record keeping, has also been stated for a second time.

RQIA will continue to monitor and review the quality of service provided by Connected

Health Domiciliary Care Ltd. and may carry out an inspection to assess compliance with the regulations and minimum standards.

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	5	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the person in charge and the assistant manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 14 May 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 May 2019.

5.0 How we inspect

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

- information recently received anonymously by RQIA
- previous inspection report
- any correspondence or information received by RQIA since the previous inspection

During the inspection the inspector met with five staff. Comments are reflected within the body of the report.

The following records were examined during the inspection:

- staff rosters
- daily progress notes relating to six service users
- accident and Incident records
- electronic communications held between staff
- NISCC register
- three staff Induction records
- complaints records
- monthly quality monitoring reports

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

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 14 May 2019

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 14 May 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standards 10.4 Stated: First time	The registered person shall ensure that contemporaneous entries are maintained within service users' individual care records. This relates specifically to staff recording all communications made on behalf of or at the request of service users.	Partially met
	Action taken as confirmed during the inspection: Whilst the inspector recognised that this area for improvement related to co-ordinators recording details of emails/phone calls within the service users' care records; the inspection findings identified that staff had not been consistently recording entries in the care records. This area for improvement has been stated for the second time.	

6.3 Inspection findings

Information received by the RQIA prior to this inspection reported that the agency had failed to provide services to one or more service users; and that adequate contingency measures were not in place to address staff shortages. RQIA also received information which indicated that the agency had not been informing the relevant HSC Trust of incidents which had occurred. The Belfast Health and Social Care Trust issued an Unsatisfactory Performance Notice to the agency on 17 September 2019 in relation to these concerns and are following up with the agency to ensure that the required actions are addressed within specified time scales. The inspector was advised that the agency had experienced an unexpected staffing shortage, where the agency had difficulty recruiting adequate numbers of replacement domiciliary care workers. The person in charge stated that this occurred in a specified area, particularly in the

month of August and that the staffing levels have since improved. However, the inspector noted that since the last care inspection undertaken on 14 May 2019, there were 30 less care workers employed and seventy five additional service users. This was discussed with the person in charge, who stated these figures alone would not reflect reductions in care hours per service user, as commissioned by the trusts.

Inspection findings identified that on a number of occasions in August 2019, two runs had been merged into one, which meant that the care workers were unable to deliver the care hours required for all service users as per their care and support plans. The person in charge advised the inspector that the agency had recently undertaken monitoring visits with all the service users affected and that they were in the process of liaising with the relevant trusts, to ensure that the commissioned care hours are in keeping with the needs of the service users. Following the inspection, the manager informed the inspector that the agency has a contingency plan in place for covering staff absences and that an unforeseen communication issue had occurred, which resulted in this not being followed. The inspector also reviewed a sample of staffing rosters for the week beginning 16 September 2019 and was satisfied that there was no further evidence of overlapping calls or merging of runs. The inspector spoke with five care workers, who indicated that care delivery was now running smoothly.

Whilst the inspector acknowledges that a programme of learning from what occurred is planned for all staff, two areas for improvement have been made, to ensure that service failures are significantly reduced in the future.

The review of incident records together with the entries included in the communications between staff identified that there were a number of incidents, which had not been reported to the Health and Social Care Trust (HSC Trust). These related particularly to incidents which had the potential to impact on the service users' wellbeing. This was discussed with the person in charge. An area for improvement has been made in this regard.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. All staff spoken with indicated that they felt well supported. Given that the inspector was unable to view the supervision records on the day of the inspection, this will be reviewed at future inspection.

The inspector also viewed communications which were recorded on the agency's communication system which staff used to communicate information between themselves. This identified that inappropriate entries had been recorded on this system, relating to service users and included information which should not have been disclosed in such a manner. The inspector was advised that following recent events, all staff have received an updated social media policy and that supervision has been planned for staff who had not been recording appropriately in the communication system. An additional safeguard had been put in place, to ensure that the content of the entries were monitored regularly, to ensure that recordings were in keeping with the agency's policies and procedures.

The review of the records also identified that where service users or their representatives had complained there was no evidence that these had been consistently recorded as complaints and therefore there was no evidence of follow up action taken. An area for improvement has been made to ensure that all complaints are investigated.

Whilst the inspector acknowledges that there was a good process in place to ensure that monthly quality monitoring visits were completed in accordance with Standard 8.11 of The Domiciliary Care Agencies Minimum Standards, 2011, the wider quality monitoring processes, were not sufficiently robust, in identifying service failures.

This was discussed with the person in charge who acknowledged the weaknesses in the agency's quality monitoring processes and stated that in future staff rosters will be reviewed should there be an increase in service failures or reportable incidents. The aggregated concerns identified during the inspection, indicate that the wider quality monitoring processes of the agency require strengthening. An area for improvement has been made in this regard.

Areas for improvement

Areas for improvement have been made in relation to the system for ensuring care calls are delivered in a timely manner, staffing provision, reporting of adverse incidents, complaints management and the quality monitoring processes.

An area for improvement, previously made in relation to record keeping, has also been stated for a second time.

	Regulations	Standards
Total number of areas for improvement	5	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, 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 Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person must develop and implement a robust system for ensuring that service users receive their care calls in a timely manner.</p> <p>This must include a review of the system for communication with service users and/or their' representatives, to ensure that any matters impacting on service delivery are communicated effectively.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Connected Health's process to ensure that care calls are completed in a timely manner has undergone a review of all rostering throughout the entire business.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16(1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person must ensure that having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that there is at all times an appropriate number of staff employed by the agency.</p> <p>This includes the need for contingency measures, to replace staff at short notice, to be enacted in a timely manner</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Connected Health work alongside with Connected Talent a service dedicated to the recruitment of carers to vet all prospective carers.</p> <p>All successful carers complete a three-day intensive training course to ensure they are fit and suitably skilled for the role.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided— (b) so as to safeguard service users against abuse or neglect;</p> <p>This refers particularly to the reporting of adverse incidents, in keeping with the agency's own policies and procedures.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Connected Health routinely review daily records sheets for Service Users. All carers are trained in line with the agencies policies and procedures.</p>

	We are assured that the Carers are recording and reporting appropriately adverse incidents correctly and passing them to our dedicated Compliance Officer, who reports these directly to the appropriate Trust.
Area for improvement 4 Ref: Regulation 22 (6) and (8) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that every complaint made under the complaints procedure is fully investigated. A record of each complaint must be maintained, including details of the investigations made, the outcome and any action taken in consequence.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Connected Health have a dedicated Compliance Officer. It is the Compliance Officers role to record and investigate all complaints reported into the office by Area Managers, carers, service users and NOK.</p>
Area for improvement 5 Ref: Regulation 23 (1) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>Response by registered person detailing the actions taken: Connected Health have a dedicated Quality Monitoring Team. The monitoring team carry out robust checks on the ground on a daily basis and provide a written monthly report to the CEO.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 10.4 Stated: Second time To be completed by: Immediately from the date of the inspection	<p>The registered person shall ensure that contemporaneous entries are maintained within service users' individual care records. This relates specifically to staff recording all communications made on behalf of or at the request of service users.</p> <p>Ref: 6.2 and 6.3</p> <p>Response by registered person detailing the actions taken: Connected Health reviewed their platform and implemented a centralised communication record to log all communications.</p>

Please ensure this document is completed in full and returned via Web Portal



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