



The Regulation and  
Quality Improvement  
Authority

## **PRIMARY INSPECTION**

**Name of Establishment:** Community Stroke Team  
**Establishment ID No:** 10971 and 10972  
**Date of Inspection:** 06 January 2014  
**Inspector's Name:** Amanda Jackson  
**Inspection No:** IN017341 and IN017342

**The Regulation And Quality Improvement Authority**  
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**General Information**

<b>Name of agency:</b>	Community Stroke Team
<b>Address:</b>	Shankhill Health and Wellbeing Centre 83 Shankhill Road Belfast BT13 1PQ  Knockbreda Centre 110 Saintfield Road Belfast BT8 6GR
<b>Telephone Number:</b>	02895042353 (Knockbreda) 02895040324 (Shankill)
<b>E mail Address:</b>	<a href="mailto:pamela.kidd@belfasttrust.hscni.net">pamela.kidd@belfasttrust.hscni.net</a> <a href="mailto:karen.davison@belfasttrust.hscni.net">karen.davison@belfasttrust.hscni.net</a>
<b>Registered Organisation / Registered Provider:</b>	Belfast Health and Social Care Trust/Martin Dillon
<b>Registered Manager:</b>	Pamela Kidd (acting)
<b>Person in Charge of the agency at the time of inspection:</b>	Pamela Kidd (acting manager) and Karen Davison (currently registering with RQIA)
<b>Number of service users:</b>	30-35 referrals monthly with approximately 70-80 service users monthly.
<b>Date and type of previous inspection:</b>	Primary Announced Inspection 10 June 2013
<b>Date and time of inspection:</b>	Primary Unannounced inspection  06 January 2015  09.15 to 14.45 hours
<b>Name of inspector:</b>	Amanda Jackson

## **Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

## **Purpose of the Inspection**

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## **Methods/Process**

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

### Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	0
Staff	3
Relatives	5
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	25	5

### Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**  
**Standard 8 – Management and control of operations**  
**Management systems and arrangements are in place that support and promote the delivery of quality care services.**
- **Theme 2**  
**Regulation 21 (1) - Records management**
- **Theme 3**  
**Regulation –13 Recruitment**

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **Profile of Service**

Belfast Trust Stroke Rehabilitation Service is a domiciliary care agency operating under the auspices of the Belfast Health and Social Care Trust. The agency has restructured since the previous inspection into a standalone Stroke team providing service to approximately 70 to 80 service users monthly with a staff team of 25. The service provides therapeutic and care inputs focused on maximising individuals' independence following stroke through provision of short term care packages lasting four to eight weeks. Services are provided where multi-professional assessments indicate a need for such services, to those service users aged from 18 upwards.

Belfast Trust Stroke Rehabilitation Service had one requirement made during the agency's previous inspection on 10 June 2013. This requirement was reviewed as 'compliant' and this is to be commended.

## **Summary of Inspection**

### **Detail of inspection process**

The annual unannounced inspection for Belfast Trust Stroke Rehabilitation Service was carried out on 6 January 2015 between the hours of 09.15 and 14.45 hours. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Phone calls to service user relatives were carried out by the UCO prior to the inspection on 15 and 16 December and a summary report is contained within this report. Findings following these home visits were discussed with the registered acting manager and registering manager at the commencement of inspection.

The inspector had the opportunity to meet with three staff members on the day of inspection to discuss their views regarding the service and their feedback is included within the body of this report. Staff feedback detailed good line management support and competence. Discussion with the staff group during inspection supported that they have an appropriate knowledge in the area of recording. Staff also described recruitment processes in line with the agency policy and procedure.

**One requirement and one recommendation have been made in respect of the outcomes of this inspection.**

### **Staff survey comments**

25 staff surveys were issued and five received which was a disappointing response.

Staff comments included on the returned surveys where:

"Staff are all excellent and very helpful".

"I am delighted and proud to work in this job role. I feel trusted and respected and valued as part of the team. The stroke therapists and management are great to work for. Always helpful and very professional. Have nothing negative to say about my job".

## Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with five relatives on 15 and 16 December 2014 to obtain their views of the service being provided by the Belfast Health and Social Care Trust's Stroke Team, which provides short term support to stroke sufferers following discharge from hospital. The service users interviewed used the agency for a period of time ranging from approximately four to eight weeks and received assistance with personal care, meals, physiotherapy, occupational therapy and speech and language therapy at least three times per week.

The UCO was advised that care was provided by small, consistent teams; this was felt to be beneficial as it allowed a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives were introduced to the carers by a regular carer or where advised of the names of the carers. All of the people interviewed confirmed that there were no concerns regarding timekeeping and they would usually be contacted if their carer had been significantly delayed or time agreed in advance. No concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed. A number of people interviewed also confirmed that they received a book from the agency when the service commenced and that it is completed by the carers at all calls.

It was good to note that all of the people interviewed had no concerns regarding the quality of care being provided by the staff from the Belfast Trust's stroke team. None of the people interviewed had made a complaint about the agency, however all of the people were aware of whom they should contact if any issues arise. None of the people interviewed were able to confirm that management from the agency visits to ensure their satisfaction with the service or that observation of staff practice had taken place in their home, however it is acknowledged that the agency provides short term support and the service users were not with the agency for a long period of time. Discussions with the registered acting manager and registering manager during inspection confirmed that service user feedback is sought via questionnaire following completion of the service due to the nature of the service being short-term. Professionals are however visiting service users regularly during the service timeframe at which point any matters of concern can be raised. The registered acting manager and registering manager also confirmed staff observations take place as part of staff supervision protocols and this was verified during the inspection as referenced within theme two of this report.

Examples of some of the comments made by service users or their relatives are listed below:

- "The carers had a great laugh with my XXX; they lifted our spirits at a difficult time."
- "No complaints; they were absolutely brilliant."
- "Couldn't fault them and they were great support to me as well."
- "They were the height of kindness and patience."

## Summary

### Theme one - Management and control of operations

**Management systems and arrangements are in place that support and promote the delivery of quality care services.**

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency's Statement of Purpose' dated August 2014 reviewed during inspection contained details of the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussions with the registered acting manager and registering manager during inspection and review of records for the managers supported a process in place for some but not all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments have been requested for review.

A staff competency process has been developed by the agency and is operational during 2013/14 for non-management staff. Review of management competence has been required for review following inspection.

Review of appropriate supervision and appraisal processes for management staff were confirmed during inspection.

Monthly monitoring processes are currently in place and operational. The report template was recommended for update during inspection to include an area for staff competence matters as appropriate.

Records regarding incidents were not reviewed as no RQIA reportable incidents had occurred since the previous inspection.

One requirement has been made in relation to this theme and relates to registered manager training and competence in accordance with RQIA mandatory training guidelines (Regulation 11(1), 11(3) and 13(b)).



## **Theme 2 - Records management**

The agency has achieved a level of **compliant** in relation to this theme.

The agency has a local protocol in place on 'Recording and reporting' which was found to be satisfactory, in line with standard 5 and contained guidance for staff on this subject.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user home files during inspection supported general compliance in these areas.

The agency has a trust policy and procedure in place on use of restraint dated January 2014 which was reviewed as satisfactory.

The agency does not provide care to service users that require restraint and therefore this could not be reviewed during the inspection.

The agency does not hold a policy or procedure on 'Handling Service Users Monies' as this service is not provided by the agency.

No requirements or recommendations have been made in relation to this theme and this is to be commended.

## **Theme 3 – Recruitment**

The agency has achieved a level of **compliant** in relation to this theme.

Review of the agency policy, procedure and recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2. with exception to review of the recruitment policy in line with domiciliary care standards three year policy review timeframe.

One recommendation has been made in respect of this theme.

**The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.**

## Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 23(1)	<p>The registered managers are recommended to develop a policy and procedure relating to 'Monitoring control and evaluation' of the agency.</p> <p>(Minimum standards eight, nine and appendix one)</p>	<p>The agency has developed an overview protocol since the previous inspection which clearly references the management structures and monitoring arrangements for the rehabilitation services. This protocol covers the three legacy services and is currently being reviewed by senior management in light of the recent restructuring across rehabilitation services.</p>	Once	Compliant

<b>THEME 1</b> <b>Standard 8 – Management and control of operations</b> <b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b>	
<p><b>Criteria Assessed 1: Registered Manager training and skills</b></p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). <b>Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</b></p>	
<p><b>Provider’s Self-Assessment:</b></p>	
<p><b>Regulation 10.3 The Registered Manager adheres to Trust Policy and attends Mandatory Training as applicable.</b></p> <p><b>Regulation 11.1 The Registered Manager is on a professional Register NMC/ HCPC, has relevant qualifications , skills and experience to manage the service.</b></p> <p><b>Standard 8.17 The registered manager undertakes appropriate training and are up to date in all areas relevant to the management and provision of services, and records of such training are maintained</b></p> <p><b>Registered Manager is Compliant with RQIA Mandatory Training for providers of care in regulated services.</b></p>	<p>Compliant</p>

<b>Inspection Findings:</b>	
<p>The statement of purpose dated August 2014 was reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered acting person Martin Dillon, registered acting manager Pamela Kidd, together with the professional staff, co-ordinators and rehabilitation staff.</p> <p>The policy on Management and control of the agency is currently being revised as detailed under requirement one above)</p> <p>Training records for the registered acting manager were found to be compliant with exception to food hygiene which is not applicable as the manager of the service. Training records for the registering manager were found to be substantially compliant with exception to moving and handling which is scheduled for 18/02/14, restraint/challenging behaviour training and food hygiene training in compliance with RQIA mandatory training guidelines (September 2012). The managers have completed training in the areas of supervision and appraisal and this is to be commended.</p> <p>Most areas of training reviewed did not include a competency assessment for management staff and this was discussed during inspection in accordance with standard 12.</p> <p>Review of all training records and competency assessments is required to ensure compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers</p> <p>The registered acting manager and registering manager are not currently enrolled on any additional training and this was discussed during inspection in terms of keeping abreast of new areas of development.</p> <p>It was discussed and reviewed during inspection that the registered acting manager and registering manager are both currently registered with NMC.</p>	<p>Substantially compliant</p>

<p><b>Criteria Assessed 2: Registered Manager's competence</b></p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Standard 8:10</b>  <b>Registered Manager is systematically audited by Service Manager.</b></p> <ul style="list-style-type: none"> <li>- Monthly Monitoring Report</li> <li>- Managers Meeting, Agenda</li> <li>- Supervision</li> <li>- Management of complaints / Investigations / Sickness Absence/ Case Management</li> <li>- PDP /PCP</li> <li>- Attendance at Efficiency / Reform Meetings</li> </ul> <p><b>Standard 7:13-</b></p> <ul style="list-style-type: none"> <li>- The Registered Manager will complete Incident forms for all medication errors for service group as applicable.</li> </ul> <p><b>Standard 12:9</b></p> <ul style="list-style-type: none"> <li>- Training Practices and procedures is evaluated as part of supervision as applicable</li> <li>- Training needs are discussed at team meeting</li> <li>- Training needs for staff group identified during supervision / PDP/PCPas applicable.</li> </ul> <p><b>Standard 13:5</b></p> <ul style="list-style-type: none"> <li>- The Registered Manager Annual PDP/PCP is completed by Service Manager</li> </ul>	<p style="text-align: center;">Compliant</p>

**Inspection Findings:**

The agency does not currently hold a separate Supervision and appraisal policy and procedure specific to this service but have developed a local protocol in 2010 which clearly referenced practices for all staff for supervision and appraisal. Timeframes are specified as once annual staff observation (for rehabilitation staff only), quarterly supervision and annual appraisal processes.

Supervision and appraisal for the registered acting manager were compliant for 2014 in accordance with the agency timeframes. Supervision for the registering manager has taken place once since employment commencement in mid-november 2014 and appraisal has yet to take place in 2015.

The inspector did not review the agency log of incidents reported through to RQIA as no incidents have occurred over the past year.

Monthly monitoring reports completed by the registered acting manager for the past year were reviewed. These reports are brief and concise and are presented within the quarterly governance reports which are shared at the quarterly governance meetings between community and hospital services.

Discussion with the registered acting manager and registering manager during inspection confirmed staff competency would be reflected on the monthly report as appropriate.

The agency had completed their annual quality review for the year 2013/14 which was viewed during inspection. This document included their overview of staff mandatory training as part of the overall quality monitoring of the service.

Compliant

<p><b>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</b></p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Regulation 13 (b)</b>  <b>The Trust follows recruitment and selection process.</b></p> <ul style="list-style-type: none"> <li>- Recruitment / shortlisting</li> <li>- Interviewing</li> <li>- Induction</li> <li>- Standard 7.9</li> <li>-Community Rehab specialist Nurse can provide training /techniques in respect of application of eye / ear creams / lotions.</li> </ul> <p><b>Standard 12.4</b></p> <ul style="list-style-type: none"> <li>- Trust Community rehab staff are provided with Trust Mandatory training, additional training is provided as applicable for their roles.</li> </ul> <p><b>Standard 13.1</b></p> <ul style="list-style-type: none"> <li>-Supervisory staff are trained in supervision and performance appraisal/ have attended Clinical Educator update.</li> </ul>	<p style="text-align: center;">Compliant</p>

Inspection Findings:	
The agency do not have any additional management staff therefore the inspector did not review criteria three and four of theme one.	Not applicable



<p><b>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</b></p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Standard 8.10.</b>                      - Working practices are systematically audited , information is desimminated to staff via staff team meetings for action.</p> <p><b>Standard 7.3</b>                      - The Registered Manager / Co-Ordinator will complete Incident forms for all medication errors for service group as applicable.</p> <p><b>Standard 12.9</b>                      -Training Practices and procedures are evaluated as part of supervision as applicable                      - Training needs for staff group identified during supervision / PDP/PCPas applicable.</p> <p><b>Standard 13.5</b>                      -PCP/PDP are completed annually for all staff.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>As per criteria three above.</p>	<p>Not applicable</p>

<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

**THEME 2**  
**Regulation 21 (1) - Records management**

**Criteria Assessed 1: General records**

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

**COMPLIANCE LEVEL**

<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Regulation 21(1)</b>  <b>Records are kept in good order and are stored in a secure manner.</b>  <b>Retained for a period of 8 years in Oasis</b>  <b>All staff attend My Data your Business Training</b></p> <p><b>21 (2)</b>  <b>Record copies are available in both Knockbreda / Shankill for inspection / service user files are maintained in the service users home.</b></p> <p><b>Standard 5.2</b>  <b>-Staff adhere to the recording and reporting protocol for the service</b></p> <p><b>Standard 5.6.</b>  <b>Staff adhere to recording and reporting procedure ,this is addressed at team meetings, plus guidance in Staff Handbook</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency does not hold a separate policy on recording and reporting but have developed their own specific protocol for this area due to the variances in recording and reporting across trust services. Records management and data protection is covered with all staff as part of the trust corporate induction and this was reviewed during the inspection within the corporate induction programme. Recording and reporting is also detailed explicitly in the staff handbook which is covered as part of the staff agency specific induction and this is signed off by both staff and manager as part of the complete induction process. This was reviewed during inspection within two recently appointed staff files during the inspection.</p> <p>Handling service user's monies is not covered as this service is not offered as part of the rehabilitation package. The Restraint policy dated Jan 2014 was reviewed during inspection as compliant.</p> <p>Review of the staff handbook during inspection covered all of the above areas with exception to service user monies as previously discussed above.</p>	<p>Compliant</p>

Templates were reviewed during inspection for:

- Daily evaluation recording.
- Medication administration is detailed on the daily evaluation recording and also on a separate medication recording template. The inspector did recommend recording the number of tablets as good practice. This was agreed to be taken forward by staff and management.
- The agency does not hold a money agreement within the service user agreement as this is not a service provided by the agency.
- Staff spot checking template which includes a section on adherence to the agency recording policy.
- Staff group supervision template does not include records management (recording and reporting) as a specific topic but was evidenced during inspection as being discussed periodically.

All templates were reviewed as appropriate for their purpose.

Review of three staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff supervision records for 2013-14 were reviewed as compliant with no staff competence issues arising. None at present confirmed during discussions with the registered acting manager and registering manager.

Staff training records for medication, recording and reporting and restraint were reviewed for three staff members during inspection and confirmed as compliant in these areas. The area of service user's monies was not completed as this service is not provided by the agency.

The registered acting manager and registering manager discussed records management as a regular topic for discussion during staff meetings/group supervision, review of three previous staff meeting minute records dated 10/11 April 2013, 22 May 2013 and 3 October 2014 evidenced this topic.

Review of three service user files by the inspector confirmed appropriate recording in the general notes and medication records with exception to the inspector recommendation regarding staff detailing the number of tablets given. A full list of service user medication within the home file was confirmed by three staff and both managers during inspection.

Review of service user records during the inspection and discussion with the registered acting manager and registering manager during inspection confirmed that restraint is not in place with this service user group due to the nature of the service being rehabilitation focused.

<p><b>Criteria Assessed 2: Service user money records</b></p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall—                  (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user's agreement (Standard 4).</p>	
<p><b>Provider's Self-Assessment:</b></p>	
	<p>Not applicable</p>
<p><b>Inspection Findings:</b></p>	
<p>Discussions during inspection confirmed financial assistance is not provided as part of this rehabilitation service.</p>	<p>Not applicable</p>

<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Not applicable</p>

<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant</p>

**THEME 3**  
**Regulation 13 - Recruitment**

**Criteria Assessed 1:**

Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—

- (a) he is of integrity and good character;
- (b) he has the experience and skills necessary for the work that he is to perform;
- (c) he is physically and mentally fit for the purposes of the work which he is to perform; and
- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.

Standard 8.21 The registered person has arrangements in place to ensure that:

- all necessary pre-employment checks are carried out;
- criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and
- all appropriate referrals necessary are made in order to safeguard children and vulnerable adults .

Standard 11.2 Before making an offer of employment:

- the applicant's identity is confirmed;
- two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer;
- any gaps in an employment record are explored and explanations recorded;
- criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard);
- professional and vocational qualifications are confirmed;
- registration status with relevant regulatory bodies is confirmed;
- a pre-employment health assessment is obtained
- where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and
- current status of work permit/employment visa is confirmed.

**COMPLIANCE LEVEL**

<b>Provider's Self-Assessment:</b>	
<p>Regulation 13 / standard 8.21 / standard 11.2                  These Regulations and standards are adhered to as an integral part of the Belfast Trust Recruitment and Selection process.                  Registered Managers adhere to standard 11.2 during the interview process.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Review of the staff recruitment policy dated June 2010 confirmed compliance with regulation 13 and schedule 3 but is required for review in light of domiciliary care standards three year timeframe for policy reviews.</p> <p>Review of two 2014 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection.</p>	Substantially compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant



## **Additional Areas Examined**

### **Complaints**

The agency completed documentation prior to the inspection in relation to no complaints received between 1 January 2013 and 31 December 2013. The inspector reviewed two 2014 complaints during the agency's inspection which only commenced in November 2014 and hence could not be verified during this inspection as compliant. Complaints will be reviewed during future inspections.

### **Additional matters examined**

The inspector discussed the current management arrangements within the service given the restructuring which had taken place since the last inspection. The Stroke service is now a standalone service where it had previously formed part of the overall rehabilitation service within the Trust. The registered acting manager Pamela Kidd has also recent stepped down from her position with Karen Davison currently replacing Karen as part of a secondment arrangement. Karen discussed the current arrangements with her line manager during the inspection day and has agreed to submit her registered manager application to RQIA as a matter of urgency to ensure the appropriate registered manager position is complete without further delay. The inspector informed the RQIA registration team regarding this update.

## Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **Pamela Kidd (registered acting manager)** and **Karen Davison (registering manager)** as part of the inspection process.

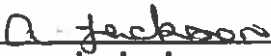
The timescales for completion commence from the date of inspection.

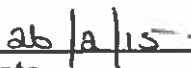
The registered provider/manager is required to record comments on the Quality Improvement Plan.

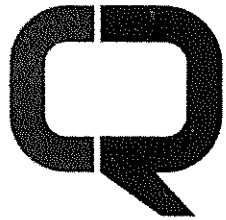
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of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

Enquiries relating to this report should be addressed to:

**Amanda Jackson**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**

  
\_\_\_\_\_  
**Amanda Jackson**  
Inspector/Quality Reviewer

  
\_\_\_\_\_  
Date



The Regulation and  
Quality Improvement  
Authority

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20 FEB 2015  
REGULATION AND QUALITY IMPROVEMENT AUTHORITY

## Quality Improvement Plan

### Unannounced Primary Inspection

#### Community Stroke Team

6 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Pameia Kidd (registered acting manager)** and **Karen Davison (registering manager)** receiving feedback during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**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 (NI) 2007

No	Regulation Reference	Requirements	Number of Times Stated	Details of Actions Taken By Registered Person(S)	Timescale
1	Regulation 11(3)	<p>The registering person/registering manager is required to ensure training is compliant for all management staff in line with Regulation 11(3), Minimum standards 12.3, 12.4, 12.7 and 12.9 and in line with RQIA mandatory training guidelines 2012 and include associated staff competency assessments for all areas.</p> <p>As discussed within theme one, criteria one of the report.</p>	Once	<p><b>12.3, 12.4</b> The Registered Manager will attend Vulnerable Adults training on 17<sup>th</sup> February 2015, Manual Handling Training on 18<sup>th</sup> February 2015 and Restraint/Managing Challenging Behaviour on 11 March 2015.</p> <p><b>12.7</b> File available with Trainer Profiles and Qualifications.</p> <p><b>12.9</b> This will be included in Registering Managers annual appraisal paperwork.</p>	To be completed three months from the date of the inspection.

### RECOMMENDATIONS

These recommendations are based on The Domiciliary Care Agencies Minimum Standard (2011, research or organised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No	Regulation Reference	Requirements	Number of Times Stated	Details of Actions Taken By Registered Person(S)	Timescale
1	Standard 9.5	<p>The registering person/registering manager is recommended to review all policies three yearly in compliance with the domiciliary care agencies minimum standard 9.5.</p> <p>As discussed within theme three, criteria one of the report.</p>	Once	<p><b>9.5</b> The Trust's Recruitment and Selection Service is transferring to a regional shared service. As a result the Trust is not in a position to update Recruitment &amp; Selection policies as these will come under the management of the new regional service. A new regional policy is in the process of being developed by Business Services Organisation (BSO) and will be available for consultation.</p>	To be completed three months from the date of the inspection.

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority  
 9th floor  
 Riverside Tower  
 5 Lanyon Place  
 Belfast  
 BT1 3BT

SIGNED: *Mairi Dillon*  
 NAME: *M Dillon*  
           Registered Provider  
 DATE *19/2/15*

SIGNED: *Karen Davison*  
 NAME: *Karen Davison*  
           Registered Manager  
 DATE *19/2/15*

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	<i>Yes</i>	<i>a. jackson</i>	<i>26/2/15</i>
Further information requested from provider			