

Inspection Report

10 March 2022



Community Stroke Team

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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|---|---|
| Organisation/Registered Provider: Belfast Health and Social Care Trust | Registered Manager: Mrs Karen Lucille Davison |
| Responsible Individual: Ms Catherine Jack | Date registered: 9 March 2013 |
| Person in charge at the time of inspection: Mrs Karen Lucille Davison | |
| Brief description of the accommodation/how the service operates: | |
| <p>The Community Stroke Team is a domiciliary care agency which provides rehabilitation services and support to service users who require rehabilitation following a diagnosis of stroke.</p> <p>The service includes a range of personal care services to people living in their own homes in the Belfast area. A professional team including an occupational therapist, physiotherapist, speech and language therapist, dietitian and social worker assess and plan care for the service users and provide professional intervention as required.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 10 March 2022 from 9.20 a.m. to 2.40 p.m. by the care inspector.

This inspection focused on staff recruitment, staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

One area requiring improvement was identified in relation to the completion of monthly quality monitoring reports.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users' homes and staff training. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

The relatives and service users said were very satisfied with the standard of care and support provided.

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.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, Health and Social Care (HSC) professionals and staff to find out their views on the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives and staff to request feedback on the quality of service provided. This included an electronic survey to enable staff, relatives and service users to feedback to the RQIA. No service users, relatives or staff responses were received within the timescale requested.

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

4.0 What people told us about the service

We spoke with three staff during the inspection and three service users, two relatives and two professionals following the inspection. The following is a sample of comments made:

Comments service users' included:

- "I couldn't fault the service; you have no idea how wonderful they all are."
- "Invaluable service and I can't rate the staff or the service highly enough."
- "Staff are very fussy about wearing their Personal Protective Equipment (PPE)."
- "Top class service and staff are absolutely amazing."
- "The staff are professional, kind and caring; I refer to them as living with angels."
- "Staff are caring, understanding, thoughtful and always cheerful."

Comments from service users' representatives included:

- "A great quality and professional service."
- "Nothing but praise for the service."
- "Staff treat xxxx with great dignity and kindness."
- "The girls are very compassionate, kind and cheerful."
- "The standard of care is excellent."

Comments from HSC professionals included:

- “Service users have nothing but compliments for the staff.”
- “Very good communication from the agency staff; any changes in service users’ needs are communicated in a timely manner.”
- “The manager is very approachable and flexible.”
- “Very good communication and the rehabilitation assistants will contact me if they have anything significant to report.”

Comments from staff included:

- “Excellent agency to work for.”
- “Good communication and teamwork.”
- “The Trust offer good training and you are supported to undertake further training relevant to your role.”
- “Senior staff are very supportive and approachable.”
- “I got a very good induction and I spent two weeks shadowing.”
- “We have no service users where there is restrictive practice.”
- “Great back up from other disciplines such as speech and language therapists and physiotherapists. They are very supportive and will review matters immediately if there are any concerns.”

5.0 The inspection**5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to the Community Stroke Team was undertaken on 21 February 2019 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings**5.2.1 Are there systems in place for identifying and addressing risks?**

The agency’s provision for the welfare, care and protection of service users was reviewed. The manager confirmed that the organisation’s policy and procedures reflected information contained within the Department of Health’s (DoH) regional policy Adult Safeguarding Prevention and Protection in Partnership, July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. There had been no concerns raised to the manager under the whistleblowing procedures.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing. Staff could describe the process for reporting concerns outside of normal business hours.

The agency had a system for retaining a record of referrals made to the relevant Health and Social Care Trust in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

The service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

The agency's governance arrangements in place for identifying, managing and, where possible, eliminating unnecessary risk to service users' health, welfare and safety were reviewed during the inspection. This indicated that an effective incident and accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager, senior manager and the BHSCT governance department. A review of a sample of these records and discussion with the manager evidenced that incidents/accidents were managed appropriately.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

It was noted that staff have completed DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The manager told us that no service users met the criteria to have a DoLS process put in place at this time. The manager also told us that there were no restrictive practices in place at the time of the inspection.

The manager confirmed the agency does not manage individual service users' monies or valuables.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. Staff stated that they receive regular updates with regards to changes in guidance with relating to Covid-19.

5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The manager confirmed that there were no service users with swallowing difficulties who required support from SALT regarding eating and drinking.

It was positive to note that staff had undertaken dysphagia awareness training.

5.2.3 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

The manager told us that the agency does not use volunteers or voluntary workers.

5.2.4 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that matters such as complaints, staff professional registrations, staff training and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Review identified that not all matters required under Regulation 23 were monitored. A monitoring visit had not been undertaken in December 2021. An area for improvement has been made in this regard.

There was a process for recording complaints in accordance with the agency's policy and procedures. The review of records and discussion with the manager confirmed that no complaints were received since the date of the last inspection.

Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

Discussions with the management and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, team meetings and an open door policy for discussions with the management team and observation of staff practice.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings and discussions held with the manager, staff, HSC professionals, service users and relatives RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led.

One area requiring improvement was identified in relation to the completion of monthly quality monitoring reports.

The inspector would like to thank the manager, relatives, service users, HSC professionals and staff for their support and co-operation throughout the inspection process.

7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations, (Northern Ireland) 2007.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 1 | 0 |

An area for improvement and details of the Quality Improvement Plan were discussed with Mrs Karen Davison, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
|--|--|
| Action required to ensure compliance with The Domiciliary Care Agencies Regulations, (Northern Ireland) 2007. | |
| Area for improvement 1 Ref: Regulation 23 (1)(2)(3)(4)(5) Stated: First time To be completed by: Immediate from the date of the inspection | The registered person shall ensure that the current system of undertaking monitoring visits to the agency is reviewed to ensure that visits are undertaken in keeping with Regulation 23. Ref: 5.2.4 Response by registered person detailing the actions taken: Monthly monitoring visits have commenced within the service in keeping with Regulation 23. |

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