

# Announced Care Inspection Report

## 26 March 2018



## Community Stroke Team

**Type of Service: Domiciliary Care Agency**

**Address: c/o Shankill Centre, 83 Shankill Road, Belfast, BT13 1PQ**

**Tel No: 02895040325**

**Inspector: Michele Kelly**

**User Consultation Officer (UCO): Clair Mc Connell**

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

## 1.0 What we look for



## 2.0 Profile of service

This is a domiciliary care agency which provides rehabilitation services. 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, nurse and social worker assess and plan care for the service users and provide professional intervention as required. The manager and rehabilitation staff provide support for service users who require rehabilitation following a diagnosis of stroke.

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Mrs Karen Lucille Davison
<b>Responsible Individual(s):</b> Mr Martin Joseph Dillon	
<b>Person in charge at the time of inspection:</b> Mrs Karen Lucille Davison	<b>Date manager registered:</b> 09/03/2015

#### 4.0 Inspection summary

An announced inspection took place on 26 March 2018 from 10.00 to 15:15 hours.

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

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to a number of areas of service delivery, quality monitoring and care records and was supported through review of records at inspection. The service is supported by a multidisciplinary professional team which offers timely access to professional assessment and intervention.

Feedback from service users, families and staff during the course of the inspection was positive.

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. The inspector would like to thank the manager and staff of the agency for their co-operation throughout the inspection.

#### 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Karen Davison, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 29 September 2016.

No further actions were required to be taken following the most recent inspection on 29 September 2016

## 5.0 How we inspect

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

- Previous inspection report.
- Record of notifiable events for 2016/2017

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Three long term staff members' supervision and appraisal records.
- Three staff members' training records.
- Staff training matrix.
- Staff meeting minutes.
- Staff NISCC registration and renewal of registration processes.
- Statement of purpose.
- Service user guide.
- Four service users' community records regarding assessment, call records and quality monitoring.
- Three monthly monitoring reports.
- Annual quality process.
- Communication records with HSCT professionals.
- Complaints log

During the inspection the inspector met with two rehabilitation assistants.

Following the inspection the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No feedback was received by RQIA at the time of writing this report.

As part of the inspection the UCO spoke with three relatives, by telephone, on 16 March 2018 to obtain their views of the service. The Community Stroke Team provides a short term rehabilitation service and the service users interviewed are receiving assistance with physiotherapy, occupational therapy, speech and language therapy, exercises, meals and personal care.

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 29 September 2016.

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

### 6.2 Review of areas for improvement from the last care inspection dated 29 September 2016

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The inspector discussed the process of recruitment with the manager; the agency's staff recruitment process is managed by the organisation's human resource department and records are kept at this department. The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The inspector noted in files reviewed that the manager provides a statement that a person to be employed is physically and mentally fit for the purposes of the work he is to perform.

The manager confirmed an induction programme had been completed with each staff member and incorporated the Northern Ireland Social Care Council (NISCC) induction standards. Review of staff files supported an induction process lasting more than three days and compliant with Regulation 16(5) (a). The inspector noted in one recently recruited staff member's file that formal training in respect of Adult Safeguarding was not scheduled until several weeks following this person's start date. The inspector advised that all mandatory training should be completed as part of induction. The manager confirmed that during the two weeks induction programme, elements of Adult Safeguarding training are delivered in the session which is led by the social worker. A recently recruited staff member confirmed that induction was robust and included an introduction to Adult Safeguarding. Records reviewed evidenced staff members' registration with NISCC and the manager described the system in place to review staff renewal of registration. Staff members described their recruitment and induction training processes in line with those found within the agency procedures and records.

The agency's policies and procedures in relation to safeguarding adults were reviewed. The agency has implemented the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). Staff spoken with during inspection also presented an understanding of their role in safeguarding and whistleblowing.

Records reviewed evidenced staff mandatory training, quality monitoring, supervision and appraisal in line with policy. The inspector noted that robust quality monitoring in service users' homes is also undertaken by the professionals aligned to the agency. In addition to the mandatory training staff attend specific training to enable them to participate fully in the delivery of bespoke stroke rehabilitation interventions.

Discussions with staff 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.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. The agency's assessment and care planning policy outlines the process for assessing and reviewing risk.

It was identified that the agency has a range of risk assessments in place relating for individual service users. The agency receives a range of relevant information and assessments relating to service users prior to them receiving rehabilitation and support.

Staff described how they support service users to be involved in the development and review of their care plans. Staff stated that they record the care and support provided to service users at each visit. Records reviewed confirmed staff are recording appropriately and that the principles of good record keeping is reinforced at supervision and during staff meetings

The UCO was advised by all of the relatives interviewed that there were no concerns regarding the safety of care being provided by the BHSCT's Community Stroke Team. No issues regarding the carers' training were raised with the UCO by the relatives.

All of the relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by the relatives interviewed are listed below:

- "Absolutely fabulous."
- "Great to have familiar faces."

#### **Staff comments;**

- "Staff who work on the team give us stroke specific training"
- "Training was good in everything"

#### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to supervision and appraisal.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed. The Statement of Purpose and Service User Guide contain details of the nature and range of services provided.

Staff who spoke with the inspector demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager if any changes to service users' needs are identified. Staff also confirmed ongoing quality monitoring of service users and staff practice is completed by their seniors to ensure effective service delivery.

Staff verified that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

Questionnaires are provided for service users to give feedback on the service received while they were undergoing rehabilitation. Evidence of this process was discussed with the manager during the inspection in terms of the annual quality report completed for 2017.

### Comments from service users' questionnaires included;

"They had a whole team approach; I was treated with respect and dignity throughout"

"It is an excellent service with a dedicated team of support workers who the Trust are fortunate to have"

The manager could describe the processes used for supporting service users to be involved in the development of their care plans; it was identified that service users are provided with a copy of their care plan and timetable of services during the agency's initial monitoring visit. The agency requests that service users sign their care plan if possible to indicate that they have agreed to the care and support to be provided. The inspector noted that the professionals within the agency endeavour to ensure care planning is person centred and regularly reviewed to meet service users' needs.

The inspector reviewed the agency's arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The agency has a system in place for monitoring the quality of the service provided; it was noted that the process involves regular audits of working practices and the use of therapy outcome measures.

Records of quality monitoring visits were noted to be comprehensive and include a review of accidents, incidents or safeguarding referrals, complaints, medication, care plans and staffing arrangements. The inspector also viewed evidence of engagement between the agency’s staff and other Belfast Health and Social Care (BHSC) staff who may be involved with service users.

The UCO was informed by the relatives interviewed that there were no concerns regarding carers’ timekeeping or that care has been rushed. The relatives interviewed also advised that they had not experienced any missed calls from the agency.

No issues regarding communication between the service users, relatives and staff from the BHSC’s Community Stroke Team were raised with the UCO. The relatives advised that home visits and phone calls have taken place to ensure their satisfaction with the care.

Examples of some of the comments made by the relatives interviewed are listed below:

- “Couldn’t speak highly enough.”
- “Communication has been good about any changes to the care.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s auditing arrangements and communication with staff, service users and relevant stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.6 Is care compassionate?**

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

There are processes in place to promote effective engagement with service users they include the agency’s monthly quality monitoring process; compliments and complaints process; care review meetings and monitoring visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. They discussed delivering bespoke person-centred rehabilitation interventions designed to ensure maximum independence for service users with a diagnosis of stroke. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.



**Staff comments included;**

“You get to spend as much time with the service user as it takes”

“I feel that I am really helping”

All of the relatives interviewed by the UCO felt that care was compassionate. The relatives advised that carers treat the service users with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits and phone calls to ensure satisfaction with the care that has been provided by the Community Stroke Team. Examples of some of the comments made by the relatives interviewed are listed below:

- “Couldn’t have been a nicer group of girls.”
- “Really helpful.”
- “The carers were really knowledgeable which was helpful.”

**Areas of good practice**

There were examples of good practice identified in relation to the agency’s processes for obtaining feedback from service users and stakeholders, effective communication and providing care in an individualised manner.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector viewed the management arrangements and found there was a clear organisational structure. Mrs Karen Davison leads a team of staff including an occupational therapist, physiotherapist, speech and language therapist, nurse and rehabilitation assistants who are aware of their roles, responsibility and accountability.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained information in compliance with the relevant standards and regulations. The agency’s complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

On the date of inspection the RQIA certificate was displayed appropriately and was reflective of the service provided.

The policy and procedures which were reviewed were discussed with the manager. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures.

The agency retains a record of all complaints or compliments received. The manager verified that no complaints have been received by the agency since the last inspection.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body; copies of individual staff member's registration certificates are retained by the agency and monitored by a designated person in the BHSCT. Discussions with the manager provided assurances that the agency has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The inspector reviewed comprehensive monthly monitoring reports for October, November and December 2017. The reports evidenced that the quality of service provided is monitored in accordance with minimum standards.

The agency has very regular team meetings in which opportunities were given to share learning. The minutes of these meetings were detailed and informative reflecting effective communications within the team. The inspector also noted that there was regular observational supervision of staff with rehabilitation assistants being guided by professional staff to ensure appropriate interventions for each service user.

### **Comments received during inspection.**

#### **Staff comments;**

"The manager is genuinely supportive and approachable"

"The service is well led"

All of the relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

#### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to quality monitoring and maintaining good working relationships.

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

**7.0 Quality improvement plan**

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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