

Inspection Report

11 December 2023



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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1.0 Service information

Organisation/Registered Provider: Belfast Health and Social Care Trust	Registered Manager: Mrs Angela Kennedy
Responsible Individual: Dr Catherine Jack	Date registered: 9 November 2022
Person in charge at the time of inspection: Mrs Angela Kennedy	
Brief description of the accommodation/how the service operates: 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. 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.	

2.0 Inspection summary

An unannounced inspection took place on 11 December 2023 between 9.45 a.m. and 1.45 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management was also reviewed.

Good practice was identified in relation to service user involvement, monthly quality monitoring and staff induction. There were good governance and management arrangements in place.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "The service is good. The level of support is astounding. It is a fantastic service. The staff can't do enough for me. They are very accommodating to me. I am a private person and they have been very tolerant with me and let me do things at my own pace. They couldn't do enough for me. If I had any concerns, I would share them with the staff. They left a folder with all the necessary contact details should I need to contact them. I was part of the care planning and the staff have worked with me. I can't praise them highly enough."
- "I couldn't fault the staff. The staff spend time with me as they complete their tasks. If I had any concerns, I would speak to the staff; I have no concerns. I agreed to the support offered to me. I am happy with the service. They left contact details in the book left in my home of who to contact to provide feedback."

Staff comments:

- "The service is well led by the manager and she is aware of the service requirements. I have absolutely no concerns regarding the service. If I had concerns about safeguarding, I would share them with the manager. I am aware of the Adult Safeguarding Champion role. I keep my mandatory training up to date. I am aware of my NISCC requirements to keep my registration up to date. The service users are involved in the care planning and sign their care plan. The service users have regular reviews. I love my work; I get great satisfaction from my role."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- “Care is very good.”

A number of staff responded to the electronic survey. The respondents indicated that they were ‘very satisfied’ that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- “Very committed and supportive team.”
- “The team is fantastic. I have worked across quite a few different trusts throughout ... and this by far gives the best quality service.”
- “Great team and a fantastic Manager.”
- “This team is great to work with and be part of.”
- “I have recently joined the team. It is a very well managed team, with close working relationships between the multidisciplinary team members. There is a strong ethos of both individual and service development.”

5.0 The inspection

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

The last care inspection of the agency was undertaken on 17 February 2023 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. No adult safeguarding referrals had been made since the last inspection.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with the details of the process for reporting any concerns.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised mobility equipment to assist them with moving, this was included within the agency's mandatory training programme. A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (Northern Ireland) (MCA) (2016) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into their own plan of care. Care and support plans are kept under regular review and services users and/or their relatives participate, where appropriate, in the review of the care provided.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

Whilst none of the service users had swallowing difficulties, it was positive to note that staff had completed training in dysphagia and the management of a choking incident.

5.2.4 What systems are in place for staff recruitment and are they robust?

Staff recruitment was completed in conjunction with the organisation's Human Resources (HR) department and managed in accordance with the Regulation and Minimum Standards, before staff member's commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed rehabilitation assistant staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were robust monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

There was a system in place for reporting any instances where staff are unable to gain access to a service user's home.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Angela Kennedy, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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