

Inspection Report

10 March 2022



Intermediate Care Services - Community Rehabilitation

Type of service: Domiciliary Care (Conventional)

Address: Duke of Connaught, Musgrave Park Hospital, Stockman's
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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: Mr Craig Ballentine-Kearns
Responsible Individual: Dr Catherine Jack	Date registered: 1 January 2022
Person in charge at the time of inspection: Mr Craig Ballentine-Kearns	
Brief description of the accommodation/how the service operates: The Belfast Health and Social Care Trust Intermediate Care Service 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 and in an intermediate care setting in the Belfast area. A professional team, including occupational therapists and physiotherapists, assesses and plans care for the service users and provides professional intervention as required. The agency is a transition service for discharged hospital patients. The registered manager and staff provide support for adults who require rehabilitation and/or intermediate care following illness or fracture.	

2.0 Inspection summary

An unannounced inspection was undertaken on 10 March 2022, from 10.00 a.m. to 2.30 p.m. by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, staff training, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguards (DoL's) including money and valuables, restrictive practices and monthly quality monitoring.

Service users and relatives said that they were very satisfied with the standard of care and support provided. Evidence of good practice was found in relation to the multi-professional, person-centred approach to care, monitoring the professional registration of staff and communication between service users, staff and other key stakeholders.

Good practice was also found in relation to the system in place for disseminating Covid-19 related information to staff.

One area for improvement refers to monthly monitoring reports.

The findings of this report will provide the domiciliary care 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 Trust (HSCT) representatives 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.

4.0 What people told us about the service

We spoke with four service users, two relatives and four staff including the manager. In addition, one staff member replied to the electronic survey and responses provided indicated satisfaction with the service.

Comments received during inspection process:

Service users' comments:

- "Really happy with the care."
- "There is no hurry, they do what I want and leave me comfortable."
- "Girls are all brilliant."
- "I appreciate this good service."

Relatives' comments:

- "We see a big change for the better since **** came home."
- "Girls from Musgrave are second to none."
- "We are happy with the care."
- "Good progress, I can't complain."

Staff comments:

- "Our Band three staff are well supported and trained."
- "This team genuinely cares, the patient is at the centre."
- "The team works well together, structures are very good."
- "People who receive our services are fortunate, it is a fantastic service."

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 care inspection of the agency was undertaken on 28 February 2019; no areas for improvement were identified. An inspection was not completed for the 2020-2021 inspection year due to the first surge of the Covid-19 pandemic.

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 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 outlines the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the Adult Safeguarding Champion (ASC) and the process for reporting adult safeguarding concerns. 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.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter. It was noted that a number of staff had not completed adult safeguarding update training. Following the inspection, the manager emailed evidence to the inspector confirming that staff had secured places on adult safeguarding courses. This matter will be reviewed at the next inspection.

The service had a system for recording referrals made to the HSCT adult safeguarding team in relation to adult safeguarding. Records reviewed and discussions with the manager indicated that one adult safeguarding referral 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 and senior management.

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

The person in charge 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 and stated that there were no restrictive practices in place at the time of the inspection.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

The person in charge 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 (IPC) practices. Staff stated that they receive regular updates with regards to changes in guidance relating to Covid-19 and had access to PPE.

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

Discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. There was evidence that agency staff made referrals within the multi-disciplinary team and these interventions were proactive, timely and appropriate.

Discussion with the manager and records reviewed confirmed that staff have completed training in relation to swallowing awareness.

It was noted that currently no service users had been assessed by SALT in relation to dysphagia needs and no specific recommendations have been made with regard to individual needs in respect of food and fluids.

5.2.3 Are their robust systems in place for staff recruitment?

Staff recruitment was completed in conjunction with the Business Services Organisation (BSO). The manager had received confirmation that the required pre-employment checks including criminal records checks (AccessNI) had been undertaken before staff members commenced employment and had direct engagement with service users.

A review of the records confirmed that all staff provided are appropriately registered with NISCC or the Health and Care professions Council (HCPC). Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

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?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. These reports had been undertaken by the registered manager of the service. The reports included some audits of working practices but not all matters required under Regulation 23 were included. The process did not include engagement with service users and their representatives on a monthly basis; an area for improvement has been identified.

The inspector also discussed the importance of independent monitoring by a peer manager or suitably qualified person who did not have day to day responsibility for managing the service. The manager agreed to raise this matter with senior management.

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process.

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.

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

6.0 Quality Improvement Plan/Areas for Improvement

Based on the inspection findings and discussions held with service users, relatives and staff, 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.

As a result of this inspection one area for improvement was identified in relation to monthly monitoring.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Craig Ballentine-Kearns, 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 and ongoing	The registered person shall ensure that the current system of monitoring visits to the agency is reviewed so that visits are undertaken in keeping with Regulation 23. Ref: 5.2.4
	Response by registered person detailing the actions taken: Monitoring visits are undertaken on a monthly basis using the format and paperwork recommended by RQIA with the Assistant Service Manager (ASM) and Team Manager. The ASM will ensure these are robustly completed and all elements recorded including service user and carer engagement and feedback.



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