

Inspection Report

23 February 2023



Intermediate Care Services - Community Rehabilitation

Type of service: Domiciliary Care Agency

Address: Mourne Villa, Knockbracken Health Care Park, Saintfield Road,
Belfast, BT8 8BH

Telephone number: 028 9504 0324

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Belfast Health and Social Care Trust Responsible Individual: Dr Catherine Jack	Registered Manager: Mr Daniel McLaughlin (Acting)
Person in charge at the time of inspection: Mr Daniel McLaughlin	
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 took place on 23 February 2023 between 10.00 a.m. and 2.00 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.

Area for improvement identified related to staff training.

Good practice was identified in relation to service user involvement and the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC).

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 any previous areas for improvement identified, 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 survey.

4.0 What did people tell us about the service?

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

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

Comments received included:

Service users' relatives/representatives' comments:

- "The communication with the service is brilliant; there is really great communication from every one of the staff. We received information on who to contact if we have any concerns; there hasn't been any. There haven't been any missed or late calls. The service is unbelievable and we could not have survived without it. My ... was so ill and would not be here without them. They guided and support the family. The staff always have a smile on their face. The family were involved in the decision making."
- "I have found everything about the rehab service is great. I really value the girls coming in. The coordinators communication with the family is good and if I have to phone them about anything, they get straight back to me. We agreed a plan of support. They went the extra mile for us. We have built up a really good relationship with the staff. I would give them a gold staff and a pay rise."

Staff comments:

- “I feel this is a well led service. The staff induction and training is really good and detailed and there is so much inbuilt support for staff. The induction involves a multidisciplinary input over a six week period. The manager is approachable and this is one of his main strengths. The training is good and there is a database which is good. I generally feel the service is person centred and the service users have their say in the support provided. I think it is a very good service. If there are any concerns, I would report them to the manager, who would act on them.”

No questionnaires were returned. There were no responses to the electronic survey.

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 10 March 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 10 March 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 23 (1)(2) (3)(4)(5) Stated: First time	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	Met
	Action taken as confirmed during the inspection: Following a review of the monthly quality monitoring records, the inspector confirmed compliance with Reg 23.	

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. A review of the training records identified that four staff required up to date adult safeguarding training; training dates had been identified for these staff to attend this training. 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. A review of records confirmed that these had been managed appropriately.

Service users' relatives said they had no concerns regarding 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 information about keeping themselves safe and 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).

Where service users required the use of specialised 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. Where a service user required the use of more than one piece of specialised equipment, direction on the use of each was included in the care plan.

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.

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. A review of the training records in relation to medicines management identified that not all staff had received up to date medication management training and dates had not been identified for staff to complete this training. An area for improvement has been identified in this regard.

The Mental Capacity Act (MCA) 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 Advice was given in relation to developing a resource folder containing DoLS information which would be available for staff to reference.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users' relatives, 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)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Whilst none of the service users had swallowing difficulties, it was good to note that all staff had received Dysphagia training.

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 NISCC and 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.

There were no volunteers working in the agency.

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 reablement support 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.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

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

There were 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 (SAIs) or Significant Event Audits (SEAs) procedures.

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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

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.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the QIP were discussed with manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 Ref: Standard 12.4 Stated: First time To be completed by: Immediate from date of inspection	The registered person shall ensure that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. Ref: 5.2.1
	Response by registered person detailing the actions taken: Mandatory Training has been reviewed and updated for 21 Band 3 staff in the team. Staff training compliance and action to address non-compliance is detailed below: Medication Training -16 staff compliant (76% compliance). Training for the additional 5 staff is booked for 17 April 2023. Adult Safeguarding - 21 compliant (100% compliance) Data Protection - 21 staff compliant (100% compliance) Hand hygiene and Doffing and Donning – 21 staff compliant (100% compliance) Fire Training - 19 staff compliant (90% compliance). Fire training booked for outstanding 2 staff. OSCE Medication - 19 staff compliant (90% compliance). 2 outstanding assessments booked for 18 April 2023. Mental Capacity Act - 21 staff compliant (100% compliance) Dysphagia Training - 21 staff compliant (100% compliance) Food Safety - 19 staff compliant (90% compliance). Request sent to course organiser for 2 training places First Aid- 5 staff compliant (24% compliance). Level of non-compliance escalated to course manager with request for 16 training places. Training is kept under review on a daily basis and is monitored by the ASM on monthly monitoring visits

****Please ensure this document is completed in full and returned via Web Portal****



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA