

# Unannounced Care Inspection Report 30 January 2018



## Belfast Health and Social Care Trust Rehabilitation Service (Elderly)

**Type of service: Domiciliary Care Agency**  
**Address: Knockbreda Health Centre, 110 Saintfield Road,  
Belfast, BT8 6GR**  
**Tel No: 02895047107**  
**Inspector: Michele Kelly**

[www.rqia.org.uk](http://www.rqia.org.uk)

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 including fracture rehabilitation. 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 an occupational therapist and physiotherapist to assess and plan care for the service users and provide professional intervention as required. The agency is a transition service for discharged hospital patients. The registered manager and staff provide support for service users over the age of 65 who require rehabilitation and /or intermediate care following illness or fracture.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust Mr Martin Joseph Dillon	<b>Registered Manager:</b> Charlotte (Sharon) Mary Adair
<b>Person in charge at the time of inspection:</b> Charlotte (Sharon) Mary Adair	<b>Date manager registered:</b> 23 November 2017

### 4.0 Inspection summary

An unannounced inspection took place on 30 January 2018 from 10.15 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 during and 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 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 and following the inspection was positive.

Areas requiring improvement were identified and relate to ensuring the registered manager or registered person:

- Provides a statement that a person to be employed is physically and mentally fit for the purposes of the work he is to perform.
- Ensures all staff attends mandatory training.

The User Consultation Officer (UCO) spoke with one service user and four relatives, by telephone, on 8 and 9 February 2018 to obtain their views of the service. The service assisted the service users interviewed on their discharge from hospital with the following:

- Personal care
- Meals
- Management of medication
- Exercises

During the inspection the inspector met with three rehabilitation assistants.

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.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Adair, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 11 October 2016

No further actions were required to be taken following the most recent inspection on 11 October 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.

Specific methods/processes used in this inspection include the following:

- Discussion with the manager.
- Examination of records.
- Consultation with staff and service users.
- Evaluation and feedback.

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.

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 long term staff members' training records.
- Staff training matrix.
- Staff meeting minutes.
- Staff NISCC registration and renewal of registration processes.
- Statement of purpose.
- Service user guide.

- Staff handbook.
- Three service users' records regarding referral care planning and quality monitoring.
- Three service users' log sheets.
- Three monthly monitoring reports.
- Annual quality process.
- Communication records with HSCT professionals.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection. The inspector would like to thank the manager and staff of the agency for their co-operation throughout the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 11 October 2016.

The most recent inspection of the agency was an unannounced care inspection. There were no areas for improvement made as a result of the last care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 11 October 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 registered 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 the required staff pre-employment checks are completed prior to commencement of employment. The inspector noted in three files reviewed that the registered manager or registered person does not provide a statement that a person to be employed is physically and mentally fit for the purposes of the work he is to perform. This area for improvement was discussed with the manager.

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 three staff files and interviews with staff supported an induction process lasting more than three days and compliant with Regulation 16(5) (a). 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 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'). The manager confirmed that there had been no referrals to Adult Safeguarding since the last inspection. Staff spoken with during inspection also presented an understanding of their role in safeguarding and whistleblowing.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring, supervision and appraisal. The inspector also viewed the training matrix and discussed gaps in mandatory training specifically Safeguarding Adults and Manual Handling training for a number of staff. This area for improvement was discussed with the manager.

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 manager confirmed that recruitment is ongoing; she also discussed the challenges which had impacted on staffing levels in recent months but said that new recruits would ease the situation.

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 individual service users prior to them receiving care 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 are reinforced at supervision and during staff meetings

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

#### **Staff comments;**

"We have a good team approach"

"I enjoy working in this service. There is a turnover of service users and it is great to see improvement"

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by the members of staff from the agency. No issues regarding the carers' training were raised with the UCO. All of the service users and relatives interviewed confirmed that they could approach the carers and their healthcare professionals if they had any concerns.



Examples of some of the comments made by service users or their relatives are listed below:

- “Absolutely fabulous.”
- “Quite happy with the care.”
- “Gives me peace of mind that someone calls regularly with XXX and contacts me if anything is wrong.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, supervision and appraisal and risk management.

### Areas for improvement

- The registered provider must ensure that each employee of the agency receives training appropriate to the work he is to perform.
- The registered manager or registered person provides a statement that a person to be employed is physically and mentally fit for the purposes of the work he is to perform.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	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 interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their managers 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 interviewed also confirmed that they were provided with details of care planned for each new service user. Staff stated they were kept informed regarding changes to existing service user care plans and 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 2016.

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.

Records of quality monitoring visits were noted to 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 (BHSCT) staff who may be involved with service users.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding timekeeping, rushed care or missed calls. No issues regarding communication between the service users, relatives and the agency staff were raised with the UCO. All of the service users and relatives interviewed by the UCO confirmed that they had been visited by a Physiotherapist or Occupational Therapist to discuss their care and ensure their satisfaction with the service.

Examples of some of the comments made by service users or their relatives are listed below:

- “The physio and OT have been really helpful.”
- “All doing a great job.”
- “The girls are lovely.”

**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.

**Compliments from service users included the following comments;**

- “Everyone took an interest in me.”
- “It was wonderful, carers so, so good, so helpful in every way.”
- “The package was designed with my needs in mind.”



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. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them 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 during home visits by the Physiotherapists or Occupational Therapists to ensure satisfaction with the care that has been provided.

Examples of some of the comments made by service users or their relatives are listed below:

- “XXX is very fond of some of them.”
- “Two lovely girls.”
- “Very professional. They’ve done everything they can to help me.”

**Areas of good practice**

There were examples of good practice identified in relation to the agency’s processes for engaging with service users, 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 Sharon Adair leads a team of staff including an occupational therapist, physiotherapist and rehabilitation assistants who are aware of their roles, responsibility and accountability. The agency provides domiciliary care to a total of 75 people.

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 registered 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 registered 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 registered 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 the 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;**

“I have a good relationship with the team.”  
 “I enjoy working for this service.”

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

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Sharon Adair, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered provider must ensure that each employee of the agency- (a) receives training appropriate to the work he is to perform.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> 13.04.18 The training matrix is reviewed weekly and all out standing training needs identified and places applied as availability permits.All outstanding training in Adult Safeguarding is now complete
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 Schedule 3  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (c) he is physically and mentally fit for the purposes of the work which he is to perform;  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> All schedule three documentation signed by the staff memeber, team manager and coordinator and retained in staff file

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



The **Regulation** and  
**Quality Improvement**  
**Authority**

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9051 7500

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)