

# Announced Care Inspection Report 4 February 2019



## Reablement Service

Type of service: Domiciliary Care Agency

Address: Knockbreda Health Centre, 110 Saintfield Road,  
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Tel No: 028 9504 5777

Inspector: Jim McBride

User Consultation officer: (UCO) Clair McConnell

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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 reablement services which include a range of personal care services to people living in their own homes in the Belfast area. The agency has a team of occupational therapists and reablement support staff to assess and plan care for the service users and provide professional intervention when required. The agency is a transition service for patients recently discharged from hospital and persons in their own homes aged 65 and over.

The current management arrangements for the service includes Lynne Bullock (registered manager). Services under the direction of the registered manager provides a range of services to 150 people living in their own homes. They provide personal care assistance, social support and domestic duties to service users. The Belfast Health and Social Care (BHSCT) Trust commissions the services.

### 3.0 Service details

<b>Registered organisation/registered person:</b> BHSC Trust: Mr Martin Joseph Dillon	<b>Registered manager:</b> Mrs Lynne Bullock
<b>Person in charge of the agency at the time of inspection:</b> Mrs Lynne Bullock	<b>Date manager registered:</b> 22 June 2016

### 4.0 Inspection summary

An announced inspection took place on 4 February 2019 from 09.15 to 12.45.

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 identified in relation to staff training, competency assessments, supervision and appraisal, adult safeguarding, risk management, care reviews, and communication between service users and agency staff and other key stakeholders. Further areas of good practice were identified in regards to the provision of compassionate care, the involvement of service users, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

#### Staff comments:

- “The service provides further independence to clients.”
- “Good staff team.”
- “Communication with co-ordinators is good.”
- “I have no problems with training it keeps you up to date.”
- “Supervision is good and it’s a forum to discuss any areas of concerns.”
- “Induction is good and helps prepare you for the role.”

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 staff for their warm welcome and full co-operation throughout the inspection process.

### 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 Mrs Lynne Bullock, 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 6 February 2018**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 6 February 2018.

#### **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 and Quality Improvement Plan (QIP)
- Record of notifiable events for 2018/19
- All communications with the agency by RQIA
- User consultation report

The inspector spoke with the registered manager and three health care workers to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. The staff gave a comprehensive overview of the service and their feedback is contained within the body of this report.

As part of the inspection the UCO spoke with five service users and three relatives, by telephone, on 1 February 2019 to obtain their views of the service. The service users spoken to receive assistance with personal care and meals from the agency. Their feedback is contained within the body of this report.

The manager was asked to display a staff poster prominently within the agency's registered premises. The poster invites staff to give their feedback to RQIA via electronic means regarding the quality of service provision. No staff responses were received by RQIA at the time of issuing this report.

#### **The following records were examined during the inspection:**

- A range of policies and procedures relating to safeguarding, whistleblowing and confidentiality.
- Six staff supervision records
- Six staff appraisal records
- Staff training records
- Staff meeting minutes
- Staff Northern Ireland Social Care Council (NISCC) registration information and renewal process for registration
- Statement of purpose
- Service user guide

- Six service users' records regarding care and support plans, reviews and quality monitoring
- Six of the agency's monthly quality monitoring reports
- Notification and incident records
- Complaints log
- Compliments log

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance was recorded as met.

The findings of the inspection were provided to the registered manager the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 6 February 2018

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

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 06 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</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>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager has ensured that the Information to be retained in staff files, including confirmation that the domiciliary care worker is physically and mentally fit for the purposes of the work they are to perform, has been signed by the registered manager and staff. Records viewed during this inspection were satisfactory.	

### 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.**

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The agency's staff recruitment process is managed by the organisation's Human Resources (HR) department. An inspector visited the HR department on 6 December 2018 and examined a sample of individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Documentation viewed by the inspector indicated that there are robust recruitment systems in place to ensure all required checks have been satisfactorily completed prior to staff being provided into service users homes. The manager could describe the process for obtaining confirmation from the HR department that new staff are available to commence employment.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records confirmed that all staff are registered with NISCC. The manager discussed the system in place to identify when staff are due to renew registration with NISCC.

The UCO was advised by all of the relatives interviewed that they had no concerns regarding the safety of care being provided or the care workers skills relating to for example moving and handling or catheter care. Care is provided by a consistent team of carers so they are familiar with the service users and their needs. The relatives confirmed that they could raise any concerns with their professional team, and that they had the contact information for the agency office should they need to contact the manager.

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

- "Great service."
- "They have a great way with XXX."
- "Very happy with them."

Staff received an induction lasting at least three days which included relevant mandatory training and shadowing with experienced staff employed by the agency. This was confirmed by staff who met with the inspector.

It was positive to note that in addition to a mandatory training programmes, care staff attended training over and above statutory requirements which included areas such as records management, human rights, eating, drinking and swallowing.

The inspector viewed the agency's system to ensure that all staff receive appropriate training to fulfil the duties of their role. The agency has developed a matrix that enables the registered manager and senior managers to monitor and review compliance levels in relation to training completed. The inspector reviewed the training matrix, which confirmed that mandatory training had been completed. The inspector noted that all staff have received competency assessments relating to the storage and administration of medication, this good practice is to be commended.

Discussion with the registered manager confirmed that there were systems in place to monitor staff performance and for ensuring that staff received support and guidance. The staff members spoken with on the day of inspection confirmed the availability of continuous training updates, in conjunction with supervision and appraisal processes; they described an open door policy for discussions with the management team.

A review of a sample of service provision times showed that they were effectively organised with individual times being allocated to service users. Discussion with staff members on the day of inspection raised no concerns in regards to having appropriate time to undertake their duties as per individual service user's care plans.

Discussion with the registered manager confirmed that there had been no adult safeguarding referrals made since the last care inspection.

The agency's whistleblowing policy was reviewed and found to be satisfactory.

The agency's governance arrangements to highlight and promote the identification of and management of risk were inspected. All incidents and accidents are recorded on an electronic system, which is reviewed and audited by the registered manager and the HSC Trust's governance department. The registered manager advised that on review of incidents the governance department will also share details of an incident with relevant departments for follow up and action as appropriate. The registered manager advised that an audit of incidents are also undertaken on a monthly basis by the person completing the agency's monthly quality monitoring visit to identify any patterns or trends and develop further action plans as required.

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding and risk management.

### **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

## 6.5 Is care effective?

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

The UCO was informed that care is being provided by a regular team of care workers. No concerns were raised regarding missed calls however one relative did advise that there can be variation in call times. It was felt that care was not being provided in a rushed manner and that the care workers provide valuable support to the service users and their relatives.

Communication was generally felt to be good between the agency, the service users and their families.

The relatives confirmed that they could raise any concerns with the multi-disciplinary professional team, and that they had the contact information for the office should they need to contact the manager. Examples of some of the comments made by the relatives interviewed are listed below:

- “100% happy with the service.”
- “Fantastic service. XXX doesn’t want to lose them.”
- “It’s a lifeline for me. Reassuring that they call regularly with XXX and contact me if necessary.”

The agency’s arrangements for responding appropriately to and meeting the assessed needs of service users were examined during the inspection. The full range and nature of the provision is detailed in the agency’s Statement of Purpose, 2018.

The inspector reviewed a sample of six service users’ care records. The care records were maintained in an organised manner and clearly indexed. The records reviewed included referral information received from the appropriate referring BHSC keyworker/professionals and in addition contained information regarding service users and/or their representatives. The referrals detailed the services being commissioned and typically included relevant assessments and risk assessments, as necessary.

In addition, contact records were maintained in service users’ care records which demonstrated effective and timely liaison with the multi-disciplinary team and relevant others in order to address changes in service users’ needs.

Systems were noted to be in place to review the service user’s care services and ensure it was appropriate to meet their assessed health and social care needs. The records evidenced that collaborative working arrangements were in place with service users, and were appropriate their relatives and other key stakeholders.

The agency maintains recording sheets in each service user’s home file on which care staff record details of the care and support provided during their visits. The registered manager advised that the daily recording sheets are collected on a regular basis and are audited by the agency.



The registered manager and staff members spoken with described effective communication systems in use within the staff team, to ensure staff receive information relevant to the care and support of service users.

The staff members confirmed that they were provided with details of the care needs and care planned for each new service user or with changes to existing service users' care plans. In addition, staff have access to on call out of hour's support, which they described as beneficial.

A review of team meeting minutes facilitated since the last inspection evidenced that there had been a varied agenda. Several team meetings were held across a number of dates by the agency, with different staff groups. The inspector noted some of the areas discussed during meetings:

- Complaints
- Training
- Record keeping
- New staff
- Recruitment
- Infection control
- Medication
- Risk management
- Service user concerns.

Review of the management of records within the agency during the inspection evidenced that appropriate storage and data protection measures were being maintained in accordance with legislative requirements.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to care reviews, communication between service users and agency staff and other key 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.**

Discussions with the registered manager and staff member indicated that values such as choice, dignity and respect were embedded into the culture of the organisation.

A review of a sample of service user care review records evidenced that the agency placed importance on the quality of care provided to service users.

The registered manager confirmed the agency’s ability to provide a range of information for service users in alternative formats, such as braille, large print or other languages, upon request.

All of the relatives spoken to by the UCO felt that the care was provided in a compassionate manner and that the service users are treated with dignity and respect by the care workers. Care was not felt to be provided in a rushed manner, with care workers taking the time to talk and provide support to the service users and families. The relatives confirmed that they could raise any concerns with the professional team, and that they had the contact information for the office should they need to contact the manager.

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

- “The girls do an outstanding job.”
- “They have become like friends to us.”
- “They’re very kind and friendly.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement with service users.

**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

**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 sought to assess the agency’s leadership, management and governance arrangements to meet the assessed needs of service users. The RQIA registration certificate was up to date and displayed appropriately. The registered manager and staff members who met with the inspector could clearly describe staff roles and responsibilities and the process for obtaining support from senior management if required.

Discussion with the registered manager confirmed that they had a good understanding of their role and responsibilities in relation to the legislation. No concerns regarding the management of the agency were raised during the UCO’s discussions with service users and their relatives.

Discussions with the staff members on the day of inspection highlighted positive working relationships in which issues and concerns could be freely discussed, and evidenced that staff were confident that they would be listened to by their management team.

The agency maintains a complaints and compliments record, which is audited on a monthly basis. The registered manager described the complaints process which was in accordance with the agency's complaints policy.

The complaints policy was noted to be appropriately detailed and included informal, formal, appeal and external resolution processes. Details of the role of RQIA and the Northern Ireland Public Services Ombudsman (NIPSO) were included. Discussion with the registered manager confirmed that they knew how to receive and deal with complaints and ensure complaints were escalated to the BHSCT complaints department as necessary. It was noted that the agency had received no complaints since the previous inspection.

Reports of the monthly quality monitoring visits since the last care inspection were available for review. Records viewed were noted to include feedback from consultation with service users, their relatives, staff and BHSCT representatives. In addition, they demonstrated a monthly audit of the conduct of the agency including a review of the number of incidents and complaints and an audit of service user and staff records. The inspector noted some of the comments received by the agency from service users and relatives during monthly quality monitoring:

### **Service users**

- "Staff are doing a great job."
- "Very approachable and attentive."
- "Very helpful, satisfied with staff."
- "All approachable, staff helpful and help restore confidence."

### **Relatives Comments**

- "A good job with client."
- "Thanks for looking after my \*\*\*."
- "Thanks for the support given to \*\*\*."
- "An excellent service provided by a group of dedicated individuals."

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. One issue was raised with the UCO regarding management's decision to change a service user's care package. This was discussed with the registered manager during the inspection who gave a comprehensive overview of the concern and a full explanation as to reason for it that has been resolved satisfactorily.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, the registered manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the agency collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement to provide care.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement 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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