

# Announced Care Inspection Report 31 January 2019



## Home Care Service (North & West Locality)

**Domiciliary Care Agency  
Shankill Health & Wellbeing Centre,  
83 Shankill Road, Belfast, BT13 1FD  
Tel No: 028 9504 0332  
Inspector: Caroline Rix  
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

Belfast Trust Homecare Service is a domiciliary care agency which is based across two locality sites at Shankill Health and Wellbeing Centre, Belfast (north and west) and Cregagh Road, Belfast (south and east).

The current management arrangements for the Shankill office includes Anne Turley (registered manager) covering the West and Shankill locality areas and a second manager who covers the North Belfast locality area. Belfast Trust Homecare Service under the direction of the registered manager Ms Anne Turley provides a range of services to 1024 people living in their own homes. They provide personal care assistance, social support and domestic duties to service users. The majority of service users are older people, but they also provide services to those with a learning disability and/or a physical disability that require assistance to maintain an independent lifestyle. The Belfast Health and Social Care (HSC) Trust commissions the services.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care (HSC) Trust	<b>Registered Manager:</b> Anne Turley
<b>Responsible Individual:</b> Martin Joseph Dillon	
<b>Person in charge at the time of inspection:</b> Anne Turley	<b>Date manager registered:</b> 04/12/2014

### 4.0 Inspection summary

An announced inspection took place on 31 January 2019 from 09.30 to 16.15 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 identified in relation to staff training, supervision and appraisal, adult safeguarding, risk management, care reviews, and communication between service users, staff and other key stakeholders. Further areas of good practice were also identified in regards to the provision of compassionate care and the involvement of service users, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

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 cooperation 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 the registered manager Anne Turley and the acting 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 8 February 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 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.

The inspector spoke with the registered manager, an acting manager and three health care coordinators along with four 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. Their feedback is contained within the body of this report.

As part of the inspection the UCO spoke with three service users and three relatives, by telephone, on 30 January 2019 to obtain their views of the service. The service users spoken with receive assistance with personal care and meals from the agency. Their feedback is contained within the body of this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the agency to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received at the time of issuing this report.

The manager was also asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. Nine staff responses were received by RQIA and the survey results indicated that the majority of staff was 'satisfied' or 'very satisfied' when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel the service is managed well?

However one survey indicated that they were 'unsatisfied' and 'very unsatisfied' that service delivered was effective or compassionate. No additional information was provided on the survey relating to this feedback, and this feedback was discussed with the manager.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Two staff recruitment records
- One staff induction record

- Three staff supervision records
- Two staff appraisal records
- Three staff training records
- Staff training plan
- Staff meeting minutes
- Staff Northern Ireland Social Care Council (NISCC) registration information and renewal process for registration
- Statement of purpose
- Service user guide
- Three service users' records regarding care and support plans, reviews and quality monitoring
- Three of the agency's monthly monitoring reports
- Annual quality review report for 2017
- Records of communication with other professionals
- Notification and incident records
- Complaints log and records
- Compliments log and records

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

The findings of the inspection were provided to the manager, Anne Turley, the acting manager and senior care coordinator at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 8 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 8 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: Regulation 13 Schedule 3</b>  <b>Stated: First time</b>  <b>To be completed by:</b>	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>Immediate and ongoing</b>	<b>Action taken as confirmed during the inspection:</b> Records viewed evidenced that the registered manager has ensured that the staff information required 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.	
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#### 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 agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The organisation has a central Human Resources (HR) department which oversees the recruitment process, including the completion of appropriate pre-employment checks. Records viewed by the inspector on 6 December 2018 at the HR department were found to be satisfactory. Discussions with the manager indicated that all pre-employment information has been satisfactorily completed and verified in line with regulations and standards.

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 currently employed by the agency are registered with NISCC. The manager discussed the system in place to identify when staff are due to renew registration with NISCC.

The induction programme for new staff was viewed, which includes a detailed induction procedure and support mechanisms in place which is compliant with Regulation 16. (5)(a). Documentation viewed by the inspector contained details of the information to be provided during the induction period and learning outcomes to be achieved by staff over a six month period, that includes a system for shadowing other staff employed by the agency.

The inspector reviewed the agency's training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training. Records of training and staff feedback indicated that staff complete a range of training necessary to meet the individual needs of service users and to develop their knowledge and skills for example: dementia awareness, updated training on food and fluids texture for service users with swallowing difficulties. The organisation has a learning and development team to assist in ensuring that learning objectives have been met, and to identify future learning needs.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures. Staff described the value of the various supervision meetings with the manager and homecare co-ordinator. Staff confirmed senior staff are approachable and available at any time for support and guidance.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Safeguarding' protocol provided clear information and guidance as required; in line with (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'.

The details of the agency's Adult Safeguarding Champion (ASC) with key responsibilities are detailed in their procedure. The manager demonstrated a clear understanding of safeguarding issues; and could describe the procedure to be followed which is in accordance with the agency's protocol and procedures. One referral has been made since the last inspection and was appropriately managed; the investigation has not yet concluded.

The agency's whistleblowing policy and procedure was found to be satisfactory, and had been reviewed by the organisations policy committee on 11 January 2018. Staff demonstrated a clear understanding of the whistleblowing procedure.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust. Records confirmed that risk assessments had been completed in conjunction with service users/ representatives.

The UCO was advised by all of the service users and relatives spoken with that they had no concerns regarding the safety of care being provided by the Belfast HSC Trust's homecare service. Care is being provided by teams of consistent care workers. Service users are usually advised by a supervisor or a regular care worker if a different staff member will be covering their call.

No issues regarding the care workers' practice or the care given were raised with the UCO by the service users or relatives; example given included manual handling skills. All of the service users and relatives confirmed that they could approach the care workers and office staff if they had any concerns.

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

- "Really appreciate the help."
- "I have a good team."
- "No issues with the care."

### **Staff commented during inspection**

- "Training is very good. I get to learn about different health conditions, to make sure we meet the full needs of our service users. I know it is important to keep up to date to be sure our service users get the best possible care."
- "Training has helped me do my job better and I have gained experience with my own family which has been important."
- "Sometimes we don't get enough time, in the office setting, to finish the on-line training course."

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, induction, training, adult protection processes and management of risks.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.5 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection.

The inspector examined three service users' care records. It was noted that the care plans and risk assessments had been confirmed during their initial service visits and contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated. The care plans reviewed by the inspector were up to date, and clearly detailed the service users' needs and how the service user wished for these to be met. Service User Agreements were consistently provided to service users within the required timescale.

The UCO was informed by the service users and relatives spoken with that they had no concerns regarding the care workers' timekeeping, missed calls or that care has been provided in a rushed manner.

No issues regarding communication between the service users, relatives and staff from the Belfast HSC Trust's homecare service were raised with the UCO. The service users and relatives advised that home monitoring visits have taken place to obtain their views on the service. A number of the service users and relatives were able to confirm that they had received a satisfaction questionnaire from the agency.

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

- "Do anything we ask."
- "Couldn't say a bad word about any of them."
- "Fantastic."

There were quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. A review of the daily records returned from the service users' homes identified that they were audited by a coordinator and had been fully completed.

The agency's staff supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures.

The inspector confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. From the records reviewed, no staff practice issues were identified for improvement; records detailed observation of manual handling practices along with a variety of other tasks. It was good to note positive comments from service users had been recorded on the monitoring records.



There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required. The manager advised that care reviews with the HSC Trust representatives were held annually or as required; however the agency staff are not usually invited to attend but asked to provide a verbal or written summary on the current needs of the service user.

### Staff commented during inspection

- “I have built up trust over a long time with service users and families. I love to see them comfortable and well cared for in their own home.”
- “It is good that service users are open and honest with me when I do home monitoring visits, they share their views about the service received.”
- “Some families have unrealistic expectations of the services available or don’t co-operate with the agreed care plan which takes time to sort out for the service users’ well-being.”

### Areas of good practice

There were examples of good practice found in relation to the review of care needs and the agency’s engagement with the service users.

### 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.**

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support.

The agency carries out service user quality monitoring contacts on an ongoing basis to specifically ascertain and include the views of the service users and their representatives. Records reviewed during inspection support ongoing review of service users’ needs.

All of the service users and relatives spoken with by the UCO felt that care was compassionate. The service users and relatives advised that care workers treat them with dignity and respect. Service users’ indicated that, as far as possible, they are given their choice in regards to meals and personal care.

Views of service users and relatives had been obtained to ensure satisfaction with the care that has been provided by the Belfast HSC Trust’s homecare service. Examples of some of the comments made by service users or their relatives are listed below:

- “Lovely girls.”
- “Very friendly.”

- “They’re awful nice.”

Staff members spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect.

### **Staff members commented during the inspection**

- “I love my job. It is important that the service users can trust me and I treat them like my own mother. I want to see that they are comfortable, clean and safe, then I am happy.”
- “I really enjoy my work with a very good team. It is sad when a service user dies, and I remember them when I pass their former home. I am helping people to stay in their own homes.”
- “I love getting up every morning knowing I am going out to help my service users, even in my own small way. Some have no one else to see or talk to now as their friends and family aren’t near, so we have a wee laugh most days.”

The inspector reviewed the records of monitoring visits within the files sampled which confirmed these had been completed in line with the timescales as detailed in the procedure. A planning tool was viewed which detailed when each service user was due their next home monitoring visit and the date it had been completed.

Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘Compliments to staff, xxx normally gets excellent care from homecare workers however at the weekend felt they went the extra mile for xxx. I could not be happier with the level and quality of care provided by team.’ (Phone call from a current service user).
- ‘Just a note of compliment, during my time with xxx I have noted excellent rapport with the homecare workers, they really go the extra mile and clearly put xxx care needs first. The trust homecare are doing a fabulous job with this service user.’ (Email from community psychiatric nurse)
- ‘Compliments to care worker xxx who was extremely caring and compassionate towards xxx throughout my visit today. I was there about 1 hour and the care worker stayed, provided reassurance and encouragement to xxx throughout, which resulted in xxx agreeing that I contact the doctor regarding recent health matters.’(Email from a social worker following a service user review meeting).

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

### **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 examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by the organisation have been implemented at the agency.

The agency's Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

Discussion the staff indicated they understood the organisational structure within the agency and their role and responsibilities. The staff members consulted with indicated that the manager and homecare co-ordinators were supportive and approachable.

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily.

All of the service users and relatives spoken with by the UCO confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the discussions.

The agency has team meetings in which opportunities were given to staff to share information and learning. The minutes of recent meetings viewed detailed effective communications within the team. The domiciliary homecare service publish a staff newsletter three monthly, which the inspector reviewed for summer, autumn and winter 2018. These newsletters contained a variety of information and updates for staff including; reminders of flu vaccination clinics, staff appointments, training opportunities, congratulations for staff achievements.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey.

The inspector reviewed the feedback received by the agency as part of their annual quality review for 2017. The inspector noted that the information collated during the annual survey report was shared with service users, staff and HSC trusts during spring of 2018. The manager indicated that the annual survey for 2018 was being carried out during January 2019.

Monthly monitoring reports were viewed for audits completed from October to December 2018. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by an area manager who has a good working knowledge of the service.

Each report contained a summary of service user, relatives and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The records included details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation, finance and training.

The agency maintains and implements a policy relating to complaints. The inspector noted a range of complaints had been received since the last inspection. Records reviewed confirmed that each was appropriately managed in accordance with the agency's policy, and where possible each matter had been resolved.

### Staff members commented during the inspection

- “Staff are very good at reporting changes to their service users’ needs so assessment team can review care plans and make necessary adjustments. I love the variety of my job; every day is busy and different.”
- “My homecare coordinator is smashing, quick to reply when I phone with a concern or issue, sometimes even before I have left the service users home. We have a great team.”
- “I feel the office are very approachable, any time day or night, and keep me up to speed with all changes to service users’ needs.”

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 manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance and management arrangements. There was evidence of good working relationships with 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

## 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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