

# Unannounced Care Inspection Report 8 February 2018



## Home Care Service (North & West Locality)

**Type of Service: Domiciliary Care Agency**  
**Address: c/o Shankill Health & Wellbeing Centre,**  
**83 Shankill Road, Belfast, BT13 1PD**  
**Tel No: 028 9504 0332**  
**Inspector: Michele Kelly**

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

Assurance, Challenge and Improvement in Health and Social Care

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 (North and West) is a domiciliary care agency based on the Shankill Road, Belfast and provides services in the Belfast Health and Social Care Trust (BHSCT) area. Under the direction of the manager, Anne Turley, deputy manager and a staff team of 270 the service provides domiciliary care to 1107 adults. The services provided include personal care and social support along with some domestic support.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Belfast Heath and Social Care Trust Martin Dillon	<b>Registered manager:</b> Anne Turley
<b>Person in charge of the service at the time of inspection:</b> Anne Turley	<b>Date manager registered:</b> 4 December 2014

### 4.0 Inspection summary

An announced inspection took place on 8 February 2018 from 10.30 to 15.00 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 staff supervision and appraisal, quality monitoring and communication with staff and service users. Feedback from service users, families and staff during the course of 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.

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>	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Anne Turley, 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 23 February 2017

No further actions were required to be taken following the most recent inspection on 23 February 2017.

## 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.
- Record of complaints notified to the agency.

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. Feedback received by RQIA from six respondents who completed part of the online questionnaire is included in 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.
- Four staff members' supervision and appraisal records.
- Four staff members' training records.
- Staff meeting minutes.
- Staff NISCC registration and renewal of registration processes.
- Statement of purpose.
- Service user guide.
- Four service users' records regarding introduction to the service, ongoing review, and quality monitoring.
- Four service users' call records.
- Three monthly monitoring reports.
- Annual quality process.
- Communication records with HSCT professionals.
- Complaints log.
- Incident records.

As part of the inspection the User Consultation Officer (UCO) spoke with one service user and eight relatives, by telephone, on 12 and 14 February 2018 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Management of medication
- Personal care
- Meals
- Housework

During the inspection the inspector met with five staff and a visiting professional who is engaged in plans to modernise domiciliary care within the BHSCT.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 23 February 2017

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

### 6.2 Review of areas for improvement from the last care inspection dated 23 February 2017

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 required staff pre-employment checks are completed prior to commencement of employment. The inspector noted in four 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. 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 recruitment and induction training 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 discussed an issue which had been referred as a safeguarding matter and the inspector was satisfied with the agency's response. Staff spoken with during inspection also presented an understanding of their role in safeguarding and whistleblowing.

Records reviewed for four staff members evidenced mandatory training, quality monitoring, supervision and appraisal. The inspector also viewed the training matrix and discussed gaps in mandatory training specifically Vulnerable Adult and Manual Handling training for some staff. The manager verified that this matter was being addressed with sessions planned and booked. The manager stated that since the recent appointment of a training co-ordinator the process for ensuring attendance at training sessions was more effective.

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 also discussed the challenges which had impacted on staffing levels in recent months but was hopeful that ongoing recruitment would ease the situation. The manager believed the changes in rotas as a result of modernisation initiatives has improved the efficiency of the service.

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 is reinforced at supervision and during staff meetings.

## **Comments received during inspection**

### **Staff comments**

- "Training is great"
- "Staff are supported; trust is excellent, there is always somebody on the end of the phone"

Feedback received following the inspection via survey monkey from one of the one of the six staff who responded indicated dissatisfaction with safety within the agency. Five respondents were satisfied with this aspect of care.

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 Belfast Trust’s homecare service. There were mixed results regarding new carers being introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user’s security and that the new carer had knowledge of the required care.

No issues regarding the carers’ training were raised with the UCO by the service users or relatives; examples given included manual handling, catheter care and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers 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 pleased with the care.”
- “XXX is well looked after.”
- “Hard to get to know them all.”

**Areas of good practice**

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

**Areas for improvement**

- The registered manager or registered person must provide 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>	1	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.

The person in charge 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 one of four care plans reviewed required updating; the manager explained that the updated care plan would be in the service user’s home but that the agency had recent administration support issues which resulted in a backlog of records to be filed.

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 robust system in place for monitoring the quality of the service provided. Records of quality monitoring visits were noted to include a review of accidents, incidents or safeguarding referrals, complaints, medication, care plans and staffing arrangements. It was also noted comments made by service users, and where appropriate their representatives are recorded monthly and that the assistant services manager signs each report. The inspector also viewed evidence of engagement between the agency's staff and other BHSCT staff who may be involved with service users.

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.

## **Comments received during inspection**

### **Staff comments**

- "Quality of care is high"
- "New rotas have given us more time for the service user"

Feedback received following the inspection via survey monkey from six staff who responded indicated satisfaction with the effectiveness of care within the agency.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. Two relatives interviewed advised that they had experienced a small number of missed calls from the agency. There were mixed results regarding service users being introduced to new carers by a regular member of staff.

No issues regarding communication between the service users, relatives and staff from Belfast Trust's homecare service were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place to obtain their views on the service as well as receiving a questionnaire. Examples of some of the comments made by service users or their relatives are listed below:

- "Allows me to be a daughter, not a carer."
- "Gives me peace of mind that someone calls regularly with XXX and contacts me if anything is wrong."
- "No problems with the service."

### **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.**

The inspector assessed the agency’s ability to treat service users with dignity and respect, and to engage service users in decisions affecting the care they receive. Discussions with the registered manager deputy manager and staff indicated that the values such as choice, dignity and respect were embedded in the culture of the organisation; staff stated that they had received training in relation to confidentiality and human rights.

Staff could describe the methods used for supporting service users to make informed choices and for ensuring that their views and wishes are respected.

There are good 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.

**Compliments reviewed by the inspector included;**

“If I had a gold medal I would give it to XXXX.”

“The staff are absolutely brilliant with my XXXX”

The agency implements service user quality monitoring practices on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs. Staff interviewed also discussed examples of compassionate interventions when working with service users. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members.

**Comments received during inspection**

**Staff comments**

- “The system allows for compassion; we are not looking at our watch”

Feedback received following the inspection via survey monkey from six staff who responded indicated satisfaction with compassionate care within the agency.

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 through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Belfast Trust’s homecare service. Examples of some of the comments made by service users or their relatives are listed below:

- “I look forward to them coming. They’re always upbeat.”
- “XXX loves to chat with them.”
- “They treat XXX with respect.”

**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.

**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 Anne Turley, registered manager and a deputy manager lead a team of staff who are aware of their roles, responsibility and accountability.

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 noted to be displayed appropriately and was reflective of the service provided.

The agency retains a record of all complaints or compliments received. The inspector identified from records viewed that the agency has acted in accordance with their policy and procedures in the management of complaints and records the outcome of the investigation of any complaints received.

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 person in charge 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.

**Comments received during inspection.**

**Staff comments**

- “In our team we communicate well”
- “XXXX is a very good manager”

Feedback received following the inspection via survey monkey from one of six staff who responded indicated dissatisfaction with the question “Is care well led” within the agency. Five respondents were satisfied with this aspect of care.

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 complaints had been made regarding the service or management of the agency.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s governance arrangements, registration with regulatory bodies and management of complaints.

**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 Anne Turley, 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 Schedule 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(c)he is physically and mentally fit for the purposes of the work which he is to perform;</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager will ensure that the Staff 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, will be signed by the registered manager on an annual basis.</p>

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



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