



The Regulation and
Quality Improvement
Authority

Home Care Service (North & West
Locality)
RQIA ID: 11029
c/o Shankill Health & Wellbeing Centre
83 Shankill Road, Belfast
BT13 1PD

Inspector: Amanda Jackson
Inspection ID: IN22949

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**Unannounced Care Inspection
of
Belfast Trust Homecare Services**

30 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 30 June 2015 from 09.15 to 14.45 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	1

The details of the QIP within this report were discussed with the Anne Turley (registered manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

Service Details

Registered Organisation/Registered Person: Belfast Health and Social Care Trust homecare service (North and West Locality)/Mrs Joseph Dillon	Registered Manager: Ms Anne Turley
Person in charge of the agency at the time of Inspection: Ms Anne Turley	Date Manager Registered: 4 December 2014
Number of service users in receipt of a service on the day of Inspection: 1100	

2. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspections and to determine if the following regulations and standards have been met.

3. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection reports
- Previous returned quality improvement plans.

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

- Discussion with the registered manager
- Examination of records
- File audits
- Evaluation and feedback.

The following records were examined during the inspection:

- Three staff competency assessments for the areas of vulnerable adults and manual handling
- Three staff meeting minutes
- Four monthly monitoring reports
- Two annual quality reports
- Three service user environmental risk assessments
- Manager, co-ordinator and care staff training records
- Supervision procedure
- Spot check, supervision and appraisal records for two management staff (band 7), two co-ordinators (band 5) and three care staff
- Two incident records
- Three complaints records
- Three service user home records.

4. The Inspection

Belfast Trust Homecare Service is a domiciliary care agency which is based across two locality sites at Shankill Road, Belfast (north and west) and 331 Cregagh Road, Belfast (south and east).

Restructuring of this service took place prior to the previous inspection to divide the service into three locality areas operating from two locality offices. The Shankill health and wellbeing centre operates as one locality office with the second office operating from the Cregagh Road office, Belfast.

The current management arrangements for the Shankill office includes Anne Turley (registered manager) covering the West and Shankill locality areas and a second manager (not registered with RQIA) who covers the North Belfast locality area.

Belfast Trust Homecare Service under the direction of the registered manager Ms Anne Turley, provide a range of services to 1100 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 HSC Trust commissions the services which are provided on a single rota system. Staff numbers are currently 325.

4.1 Review of Requirements and Recommendations from a previous care inspection on 8 October 2013

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (9) Regulation 16 (2)(a)	The registered manager is required to develop and introduce a competency/capability assessment for all staff regarding vulnerable adults and manual handling. (Minimum Standard 14.4)	Met
	Action taken as confirmed during the inspection: Evidence reviewed for three staff training records across the service detailed a competency assessment for vulnerable adults and manual handling. The vulnerable adult competency assessments are completed at the following staff meeting after training has been completed. These assessments are reviewed by the staff members line manager and signed off to confirm staff members understanding and competence. The manual handling competency is confirmed by the trainer at completion of the training session and then reviewed during staff spot checks/quality monitoring on an annual basis where manual handling is undertaken by staff members. Manual handling practices are limited in this service given that all rota's are single staff members attending.	

<p>Requirement 2</p> <p>Ref: Regulation 23 (1)</p>	<p>The registered manager is required to ensure all future staff meetings include feedback regarding vulnerable adult cases (where appropriate) as an element of learning for all staff.</p> <p>(Minimum Standard 14.8)</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Evidence reviewed within three staff meeting minutes for December 2014, February and April 2015 were found to be compliant with Regulation 23(1) and requirement two.</p> <p>The meeting minutes evidenced how the agency has progressed this requirement with meeting minutes reflecting an account of the cases discussed with staff teams. The Shankill site minutes were not found to be as detailed as the Cregagh road office in reflecting the action taken and how to assess individual matters for the future and this has been recommended to the manager going forward to ensure consistency across both agency sites (Cregagh and Shankill).</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 23 (1)</p>	<p>The registered manager is required to ensure all future monthly reports evidence follow through of vulnerable adults cases regarding resolution reached or on-going investigation.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Evidence reviewed within four monthly monitoring reports for January, February, April and May 2015 clearly details vulnerable adult matters ongoing and matters which have occurred since the previous month.</p> <p>The inspector reviewed within the four reports clear evidence relating to two incidents which were reported during 2015 to RQIA regarding a vulnerable adult matter and a missed rota. One of these incidents has been concluded while the second incident remains under investigation, a follow up report will be forwarded to RQIA upon investigation conclusion.</p>	<p>Met</p>

Requirement 4 Ref: Regulation 23 (1)	The registered manager is required to ensure all future annual quality surveys include all stakeholders. (Minimum Standard 8.12)	Met
	Action taken as confirmed during the inspection: Review of the 2013 and 2014 annual report evidenced all stakeholders involved in this process including service users, staff and commissioners. Reports were found to be compliant with regulation 23 and requirement 4 and had been issued to service users on each occasion.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 3.2	The registered manager is required to introduce the environmental risk assessment template for all new referrals.	Met
	Action taken as confirmed during the inspection: Three recent referrals across three locality areas were reviewed as compliant with standard 3.2 and recommendation one. Environmental risk assessments are completed by the homecare co-ordinators and reviewed and signed off by agency managers.	

Review of Requirements and Recommendations from the previous inspection on 29 January 2015 care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 11(3)	<p>The registering person is required to ensure all management staff (including co-ordinators) and care staff training is compliant with Regulation 11(3), Minimum standards 12.3 and 12.4 and in line with RQIA mandatory training guidelines 2012 and include competency sign off.</p>	Partially Met
	<p>Action taken as confirmed during the inspection: Records reviewed for the registered manager and two of the co-ordinator's training evidenced mandatory training to be partially met in compliance with Regulation 11(3) and requirement one. Discussions with the registered manager confirmed that training is not currently up to date due to the ongoing challenges with accessing trust training for such a large service. Review of this matter is currently underway to ensure all outstanding training is brought into compliance for all staff.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 16(4)</p>	<p>The registering managers are required to review and revise the agency policy on Supervision and Performance review to ensure appropriate reference is made to management staff processes and timeframes.</p> <p>The registering managers are further required to ensure all management and care staff receive observation of practice, supervision and appraisal in line with the trust policy.</p> <p>(Minimum standard 13)</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the supervision procedure revised on 25 February 2015 and 19 May 2015 since the previous inspection was found to be compliant with Regulation 16(4) and requirement 2 and clearly outlines the procedures and timeframes for different levels of staff i.e. care staff, band 5 co-ordinators and band 7 management staff.</p> <p>Review of supervision and appraisal records for the two managers were found to be compliant with the policy timeframes. Team meetings/group supervision were also confirmed during inspection as part of the supervision procedure.</p> <p>Review of supervision and appraisal records for two co-ordinators and review of spot check, supervision and appraisal records for three care staff across locality areas were not found to be completely up to date with the agency's current policy timeframes and have been required for review.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 21(1)(c)</p>	<p>The registering managers are required to review and revise the agency procedures for maintaining incident records.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of two incidents reported to RQIA in 2015 regarding missed rota/run and a vulnerable adult matter evidenced clearly maintained chronological records of all communications and correspondence to relevant authorities and discussions with staff members.</p>		

<p>Requirement 4</p> <p>Ref: Regulation 22</p>	<p>The registered managers are required to ensure all complaints records are centrally retained. (Standard 15)</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of three complaints for 2015 evidenced centrally maintained electronic files with all relevant records.</p>		

Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 9.5</p>	<p>The registering person/registered managers are recommended to review all policies three yearly in compliance with the domiciliary care agencies minimum standard 9.5.</p> <p>Action taken as confirmed during the inspection:</p> <p>Policy group meetings take place monthly with both locality sites/offices and include senior management, management band seven staff, band five co-ordinators and band two care worker(s) to review policies due for renewal. Minutes of these meetings were not available for review at inspection due to absence of the secretary who holds the minutes for the senior manager. Monthly reports reviewed for the agency evidenced policies reviewed each month. Monthly reports reviewed in this respect during the inspection included January, February, and May 2015.</p>	<p>Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 5.2</p>	<p>The registered managers are recommended to ensure all service user records are maintained in compliance with standard 5.2.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Three service user files reviewed across locality areas did not meet standard 5.2 and recommendation two as dates of calls were not recorded consistently.</p> <p>The registered manager described spot audits being completed by area co-ordinators upon return of recording sheets. This audit is not being recorded to evidence this procedure. The inspector was advised that follow up phone calls are then made by co-ordinators to the staff involved but again this practice is not recorded. Staff spot checks/quality monitoring as a third process for capturing recording practices with individual staff is not clearly reflected at present and has been recommended going forward.</p> <p>Newsletters issued to all staff in April 2015 and June 2015 reflects an overview of the required staff practice in the area of recording but this was not found to be addressing the matter with all staff and therefore individual staff practice is recommended for review.</p>	<p>Partially Met</p>
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4.2 Additional Areas Examined

5. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Anne Turley registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk (paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 11(3)</p> <p>Stated: Second time</p> <p>To be Completed by: 30 November 2015</p>	<p>The registered person is required to ensure the manager's training is compliant with regulation 11(3).</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered managers training profile has been reviewed with regard to any outstanding training and plans have been put in place for managers to attend appropriate training when available.</p>
<p>Requirement 2</p> <p>Ref: Regulation 16(2)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 30 November 2015</p>	<p>The registered person is required to ensure all staff including co-ordinators and care staff training is compliant with regulation 16(2)(a).</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered managers have completed an audit of all band 5 and band 2 mandatory training and training dates have been arranged for the coming months to ensure all staff are updated.</p>
<p>Requirement 3</p> <p>Ref: Regulation 16(4)</p> <p>Stated: Second time</p> <p>To be Completed by: 30 November 2015</p>	<p>The registered person is required to ensure all staff (including co-ordinators and care staff) receives supervision and appraisal in line with the trust policy.</p> <p>(Minimum standard 13)</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered managers and home care co-ordinators are in the process of reviewing and carrying out supervision in line with the Trust's policy.</p>

Recommendations	
Recommendation 1 Ref: Standard 5.2 Stated: Second time To be Completed by: Immediate and ongoing from the date of inspection.	The registered manager is recommended to ensure all service user records are maintained in compliance with standard 5.2.
	Response by Registered Person(s) Detailing the Actions Taken: All band 2 care staff have been issued with correspondence highlighting their responsibilities and requirements to record daily records appropriately and identify gaps where service users are in hospital, respite etc to ensure records appropriately reflect the days and times staff are in attendance.

Registered Manager Completing QIP	A Turley	Date Completed	23.7.15
Registered Person Approving QIP	Mr Martin Joseph Dillon	Date Approved	28.7.15
RQIA Inspector Assessing Response	A.Jackson	Date Approved	27/08/15

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address