

Announced Care Inspection Report 23 February 2017



Home Care Service (North & West Locality)

Domiciliary Care Agency/Conventional
c/o Shankill Health & Wellbeing Centre, 83 Shankill Road
Belfast, BT13 1PD
Tel no: 028 9504 0332
Inspector: Jim McBride
User Consultation Officer: Clair Mc Connell (UCO)

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Home Care Service (North & West Locality) took place on 23 February 2017 09.15 to 13.45.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of rehabilitation and support plans. The agency's systems of quality monitoring have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Anne Turley 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 14/03/2016.

2.0 Service details

Registered organisation/registered person: BHSCT Martin Dillon	Registered manager: Anne Turley
Person in charge of the service at the time of inspection: Anne Turley	Date manager registered: 4/12/14

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency
- The previous inspection quality improvement plan (QIP).

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

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

Prior to the inspection the UCO spoke with five service users and nine relatives, either in their own home or by telephone, on 21 February 2017 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals
- Housework/laundry
- Shopping

The UCO also reviewed the agency's documentation relating to five service users.

On the day of inspection the inspector met with the registered manager, a care coordinator and another manager to discuss their views regarding care and support provided by the agency, staff training and staffs general knowledge in respect of the agency. Feedback is contained within the body of this report.

The registered manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Ten staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Training and development procedures
- Supervision procedures
- Staff members quality monitoring, supervision and appraisal records
- Staff members training records including:
 - Manual handling
 - Medication
 - Food hygiene
 - Safeguarding
 - Complaints
 - Recoding
 - Reporting
 - Challenging behaviour
 - Health and safety
 - Equality
 - Human rights
 - Fraud
- Training evaluation records
- Service users home recording records
- Monthly monitoring reports completed on behalf of the registered provider
- Staff meeting minutes
- Complaints records.

4.0 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). 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 provides a range of services to 900 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 which are provided on a single rota system. Staff numbers are currently 270.

4.1 Review of requirements and recommendations from the most recent inspection dated 14/03/2016

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of recommendations from the last care inspection dated 14/03/2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 8.11 Stated: First time	The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis (regarding independent sampling of all stakeholders).	Met
	Action taken as confirmed during the inspection: The inspector read a number of monitoring reports in place during the inspection. The reports were satisfactory and highlighted the independent sampling of stakeholders.	

4.3 Is care safe?

The agency currently provides services to 116 service users living in their own homes. The registered manager verified all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. Most staff are currently registering with NISCC with a further number to be registered by April 2017. This was evidenced within six staff file reviewed. Induction was

discussed with the care coordinator who gave a comprehensive overview of staffs induction and ongoing training.

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. The majority of the service users and relatives interviewed confirmed that they had been introduced to, or advised of the name of, new carers. One service user and one relative did raise concerns regarding the consistency of carers; 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. This was discussed with the registered manager during the inspection. The registered manager described the current service staffing arrangements and has in place a plan to hopefully address these issues.

One service user raised an issue with the UCO in regards to the application of medical stockings; no other issues regarding training were brought to the attention of the UCO. All of the service users and relatives interviewed confirmed that they could approach the carers if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Service is second to none."
- "No complaints at all."
- "The carers contact me if there are any issues with XXX."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were in place and were available to all staff via the intranet as well as an agency staff booklet. The Safeguarding policy and procedure provided information and guidance in accordance with the required standards. The policy is being updating in line the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership').

Staff training records viewed for 2015/2016 confirmed all support workers had completed the required mandatory update training programme. The training plan was viewed and contained each of the required mandatory training subject areas along with other training relevant to service users care and support needs. Training is facilitated mainly within the BHSC with additional training sourced externally as required.

Records reviewed for staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. The inspector noted some of the comments from staff during their evaluation of the following training events. Staff are asked to comment on:

"What aspect of the training did you find helpful."

- Medication. "I now have a clearer understanding of the importance of recording medication."
- Recording and reporting. "The importance of recording and to provide accurate information."
- Manual handling. "Assessment of the procedures relating to lifting."
- Safeguarding. "The definitions of abuse" "How to safeguard service users from abuse." "How to report suspected abuse." "Deal with and report concerns."
- Equality. "This made me aware of other people's feelings in the surroundings that I work."
- Complaints. "I feel confident when dealing with complaints."

- Challenging behaviour. “Always record and report behaviours.” “Always remain calm and give reassurance.”

The manager described the ongoing review of services with service users/representatives. The registered manager confirmed that the agency implement an ongoing quality monitoring process as part of their review of the service. The registered manager confirmed that additional trust representatives outside of the team were contactable when required and good communication between the agency and trust professionals was reviewed during inspection.

Service users spoken with by the UCO suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

The inspector noted some of the information obtained from service user during the agency’s annual quality monitoring. Service users are asked to comment on the following aspects of the service:

Does your care worker?

- Arrive on time?
- Do the allocated tasks?
- Give you a choice on how you are addressed?
- Treat you in a polite and caring manner?
- Ever rush you?
- Appear neat and tidy?
- Carry out identified tasks to your satisfaction?
- Do you feel safe and secure when homecare staff are present in your home?
- Are you satisfied with the quality of services provided?
- Are you aware of how to comment/complain about services?
- Do you have contact details of the office to report concerns or seek advice?
- Do you have a service user information booklet?
- Do you have an up to date care and support plan?
- Have you received a copy of the service user’s guide?
- Is there anything you feel we could do better?

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Staff comments made during inspection:

- “Induction and training prepares the staff for their job.”
- “Quality monitoring of staff performance in people’s homes ensure staff are aware of how to perform their duties.”

Ten returned questionnaire from staff indicated:

- Staff receive appropriate training for their role.
- Staff receive supervision and appraisal.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care has been rushed. One relative advised of a small number of missed calls from the agency. Service users advised that they were usually introduced to, or advised of the names of; new carers by a regular carer or supervisor and that new carers had been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from the Belfast Trust's Homecare Service were raised with the UCO. The service users and relatives advised that home visits or phone calls have taken place to ensure satisfaction with the service; however no one was able to confirm that they have received a questionnaire from the agency. The majority of the service users and relatives interviewed confirmed that they had been involved in trust reviews regarding their care package.

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

- "Couldn't say anything bad about them."
- "Very fortunate to have the help."
- "More than happy."

As part of the home visits the UCO reviewed the agency's documentation in relation to five service users and it was noted that calls and financial records have not been consistently completed. One relative advised that their service user did not have any documentation relating to the agency although receiving the service for a period of time; the UCO was unable to verify as the interview was completed by telephone.

The manager demonstrated an awareness of the importance of accurate, timely record keeping and the agency's reporting procedure if any changes to service users' needs are identified.

Service user records include referral information received from the HSC Trust and contain information regarding service user and/or representatives. The referrals detail the services being commissioned and included relevant risk assessments by a range of professionals. The professional assessments completed by the agency on an ongoing basis evidence that service users and/or representative's views are obtained and where possible incorporated. The service user guide issued to service users at commencement of the service includes details for the agency's complaint procedures.

The agency complete ongoing reviews with service users regarding their care plan during the course of their time with the service. Service user files contain evidence of communications between the service users, relatives and professionals where changing needs were identified and reassessments resulted in amended care plans. The agency maintains a system for providing updates to other trust professionals and evidence of this process was reviewed

during inspection. The manager informed the inspector that staff are provided with details of care planned for each new service user. Staff are also kept informed regarding changes to existing service user care plans following any review of care needs.

Staff comments made during inspection:

“Staff supervision is regular and staff are provided with a good communication forum to discuss concerns.”

“Staff are all aware of reporting poor practice and the relevant reporting procedures.”

Ten returned questionnaires from staff indicated:

- Service users get the right care, at the right time and with the best outcome for them
- There are systems in place to monitor the quality/safety of the service you provide.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

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. During the home visits the UCO observed interactions between three carers and two service users; these were felt to be appropriate and friendly in nature.

Views of service users and relatives have been sought through home visits or phone calls however no one was able to confirm that they had received a questionnaire from the agency. Examples of some of the comments made by service users or their relatives are listed below:

- “They’re very good.”
- “Very friendly.”
- “Couldn’t say enough good about the girls.”

Records viewed in the agency office and discussions with the manager confirmed that observation of staff practice was carried out within service users’ homes on an ongoing basis. The inspector noted some of the areas observed during individual staff monitoring whilst providing service in service user’s homes:

- Uniform/appearance
- Service user focus
- Practice
- Personal care
- Social care
- Reporting
- Recording
- Health and safety

- Security
- Moving and handling
- Risk assessment.

The inspector noted some of the comments made by managers during observation of practice visits:

- “The staff member had a good rapport with the service user.”
- “The staff member ensured the service user was offered choices.”
- “Good standards of practice were observed.”
- “Good service user focus.”
- “The staff member was very professional in manner and approach.”
- “Good effective communication.”
- “The Staff member gave appropriate information of which to make informed choices.”

The managers and the care coordinator presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. They also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

The agency implement service user quality monitoring practices on an ongoing basis through home visits by professional staff. Records reviewed during inspection support ongoing review of service user’s needs with evidence of revised care and support. Quality monitoring from service user visits alongside the monthly quality report evidenced positive feedback from service users and their family members.

The inspector noted some of the comments from service users/relatives during the monthly quality monitoring:

- “Staff are great and very willing.”
- “I have no complaints.”
- “I’m happy with my care plan and staff support.”
- “The best staff you could ever have.”
- “They are like a daughter to me.”
- “The girls are such a lifeline to me; I would be lost without them,”
- “I’m happy with the quality of service.”
- “Staff are lovely and always reliable.”
- “I have a good relationship with staff who are very helpful.”
- “It is the staff who make the service excellent.”
- “Staff have time for you.”
- “Staff go out of their way to do what they can for you.”
- “I never feel insecure with staff.”

Staff comments made during inspection:

“Staff and managers work well together to create a quality service that meets the needs of service users.”

Ten returned questionnaires from staff indicated:

- Service users are treated with dignity and respect and involved in decisions affecting their care
- That the people who use the service have their views listened to.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person Mr Martin Dillon and registered manager Mrs Anne Turley the agency provide domiciliary care to 900 people living in their own homes.

Discussions with the registered manager evidenced that there was a clear organisational structure within the agency. The manager was able to describe all support staffs roles and responsibilities.

The policy and procedure manual was discussed with the registered manager. The manager confirmed that staff had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently.

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

The agency's complaints information viewed within the service user guide was found to be appropriately detailed. The complaints log was viewed for 2015 and 2016 to date, with seventeen complaints arising which on assessment have been fully satisfied. Review of the complaints during inspection supported appropriate procedures in place. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

Discussion with the registered manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector reviewed a number of the quality monthly monitoring reports from September 2016. The reports evidenced that the monitoring of the quality of service is provided in accordance with minimum standards.

The registered person has worked effectively with RQIA to operate the service in accordance with the regulatory legislation. They have led the organisation in maintaining compliance with Regulations and Minimum Standards.

Staff comments made during inspection:

- “Complaints are managed in a timely manner.”
- “The staff are supported by managers to provide good services to clients.”
- “The managers are supportive to all staff.”
- “The manager has an open door policy for staff.”
- Ten returned questionnaires from staff indicated:

- The service is managed well
- They were satisfied that quality monitoring is undertaken regularly for both staff/volunteers and people who use the service.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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