

Inspection Report

30 September 2024



Connected Health (Care NI)

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Connected Health (Care NI) Limited	Registered Manager: Ms Theresa Morrison
Responsible Individual: Mr Douglas Joseph Adams	Date registered: Acting
Person in charge at the time of inspection: Director of Care	
Brief description of the accommodation/how the service operates: Connected Health (Care NI) is a domiciliary care agency whose registered office is based in Armagh. Staff provide care to service users in their own homes who have a range of needs including physical and learning disabilities, addictions, dementia and mental health needs. The range of services which are provided include the provision of personal care, practical and social support. The services are commissioned by the Northern Health and Social Care Trust and the Southern Health and Social Care Trust.	

2.0 Inspection summary

An unannounced inspection took place on 30 September 2024 between 9.48 a.m. and 6.12 p.m. The inspection was conducted by two care inspectors.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management were also reviewed.

No areas for improvement were identified.

Good practice was identified in relation to the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC), recruitment and staff training. There were good governance and management arrangements in place.

We would like to thank the person in charge, service users, a relative, HSC Trust representatives and staff for their support and co-operation throughout the inspection process.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

As part of the inspection process, we spoke with a number of service users, a relative, HSC Trust representatives and staff members.

The information provided indicated that they had no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I have no complaints. Everything is good. The girls always turn up when they are meant to. I am happy with all."
- "I am well looked after. Everyone is very kind to me. I never have any problems and everything runs smoothly. I have no complaints."

Service user's relative comments:

- "I have a very positive view towards Connected Health. Staff are absolutely brilliant with my husband. They are efficient and knowledgeable in relation to my husband's needs. Staff try and be as unobtrusive as possible but are friendly and supportive in their approach. They record their visits in the book provided by Connected Health."

Staff comments:

- “Connected Health are a very good company to work for. I have found them to be very supportive and efficient. I am supported by the Team Leader and matters are followed up promptly. Good communication and sharing of information such as any changes in the service users’ care packages.”
- “The manager is very good and issues are sorted out immediately. Very good training provided and we have face to face training for moving and handling. I get spot checks from the Team Leader but I don’t know when she is coming.”
- “I have had Dysphagia training and know the importance of adhering to SALT recommendations.”

HSC Trust representatives’ comments:

- “I find Connected Health to be a very very good agency. The carers are very attentive to the clients and report immediately any changes in the client. The feedback is very positive from relatives and clients. The agency will contribute to care reviews and attend the reviews. Very good communication from the agency.”
- “Connected Health provide a very good service. We have no issues or concerns in relation to the agency. Good communication from the staff and there is timely reporting of any changes or deterioration in the service users.”

No questionnaires were returned.

5.0 The inspection**5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?**

The last care inspection of the agency was undertaken on 12 May 2023 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings**5.2.1 What are the systems in place for identifying and addressing risks?**

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency’s annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

Staff had completed appropriate DoLS training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users and a relative, it was positive to note that service users had an input into devising their own plan of care. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Audits of the contents of service users' care records were also undertaken as part of the agency's internal review process.

Staff consulted with spoke confidently in relation to the process they need to follow should a service user's condition deteriorate.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' Dysphagia needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the NISCC or any other relevant regulatory body; there was a robust system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a structured induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; missed and late calls and staff recruitment and training.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

Review of records and consultation with staff identified that there was a system in place for reporting any instance where staff were unable to gain access to a service user's home.

We discussed the acting management arrangements which have been ongoing since 14 March 2024; RQIA will keep this matter under review.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the Director of Care and the Regional Manager, as part of the inspection process and can be found in the main body of the report.



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