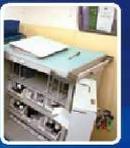


Inspection Report

30 April 2024



Intensive Domiciliary Support Team

Type of service: Domiciliary Care Agency
Address: Shankill Wellbeing & Treatment Centre, 83 Shankill Road,
Belfast, BT13 1FD
Telephone number: 028 9504 0332

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Mr Aidan O'Kane
Responsible Individual: Dr Catherine Jack	Date registered: 12 April 2024
Person in charge at the time of inspection: Mr Aidan O'Kane	
Brief description of the accommodation/how the service operates: Belfast Health and Social Care Trust Intensive Domiciliary Support Team is a domiciliary care agency providing intensive domiciliary support to people living in their own homes. Services are provided across the Belfast Trust area.	

2.0 Inspection summary

An unannounced inspection took place on 30 April 2024 between 10.00 a.m. and 2.45 p.m. The inspection was conducted by a care inspector.

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 was also reviewed.

Areas for improvement identified related to staff training and training records.

Good practice was identified in relation to staff induction. There were good governance and management arrangements in place.

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 staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "The service communicates well with me and would talk to me on a straight basis. I would be contacted if they are going to be late due to traffic. I have had no missed calls. They have left contact phone numbers for me to phone, if I have any concerns. The staff are very good. I like all the staff. They wear their uniform and always put on their PPE. Some staff can be rushed during the night time calls, some more than others. The staff do everything they are required to do. The staff introduce themselves when they come in. I get on well with all the staff. They are all very good at their job. I have no complaints."

Service user's relatives' comments:

- "The service they provide could not be better. The staff are integrated into our family. The staff are honest and efficient. We are very lucky with the staff. I couldn't recommend them any higher. We appreciate the staff; they go the extra mile. The staff are so discreet. There has never been a missed call. The staff are never rushed. We have built up a rapport with the staff. If I had any concerns, I would speak to the staff or the coordinator. There is an out of hours contact phone number left in the file in our home to contact if we have any concerns."

Staff comments:

- “The service is well led by the manager. The manager is very approachable. I have no concerns regarding the service. We are given time to complete our tasks, and if we need extra time, we can ring the coordinator who can arrange this.”
- “I am up to date with my mandatory training and I am aware to keep my NISCC registration up to date. I also keep my NISCC workbook up to date. I can speak to the coordinator and share any concerns. The management is very approachable and listens to any requests and would act on them. I have no concerns about the service.”

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- “The care staff are very caring and would never see us stuck for anything.”
- “I enjoy seeing the staff every day. They are reliable and always on time. I don’t know what I would do without them.”

No responses were received to the electronic staff survey.

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 18 April 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 18 April 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 5 Stated: First time	The registered person shall ensure that all activities undertaken in relation to service user’s care plan are recorded.	Met
	Action taken as confirmed during the inspection: Following a review of care records, the inspector confirmed this area for improvement has been met.	

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).

Discussions with the manager 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. The agency had provided service users with details of the process for reporting any concerns.

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.

A review of the training records identified that the training matrix had not been kept up to date to reflect current staff training. An area for improvement has been identified.

Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. However, a review of the training records indicated that not all staff had up to date moving and handling training. An area for improvement has been identified in this regard.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

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.

Review of the medicines management training identified that not all staff had up to date training. An area for improvement has been identified and subsumed into the area for improvement stated above.

The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (Northern Ireland) (MCA) (2016) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Review of the Deprivation of Liberty Safeguards (DoLS) training identified that not all staff had up to date training. An area for improvement has been identified and subsumed into the area for improvement stated above. The manager reported that none of the service users were subject to DoLS.

5.2.2 What are the arrangements for promoting service user involvement?

Review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met. 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.

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 identified that not all staff had up to date training in Dysphagia. An area for improvement has been identified and subsumed into the area for improvement stated on 5.2.1.

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

Staff recruitment was completed in conjunction with the organisation's Human Resources (HR) department and managed in accordance with the Regulations and Minimum Standards, before staff members commenced employment. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a 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.

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 robust, structured induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

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; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

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

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection.

The agency's registration certificate was up to date and displayed appropriately.

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.

There was a system in place for reporting any instances where staff are unable to gain access to a service user's home.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the QIP were discussed with Mr Aidan O'Kane, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 12.3 and 12.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered manager shall ensure mandatory training requirements are met. The training needs of individual staff for their role and responsibilities are identified and arrangements are in place to meet them.</p> <p>Ref: 5.2.1, 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Immediate and on-going from the date of inspection, work continues to ensure mandatory training requirements are met (Standard 12.2) particularly in relation to Moving and Handling, DoLS, Medications Management training (ref 5.2.1) and Swallowing Awareness /Dysphagia (ref 5.2.3).</p> <p>The registered manager is ensuring that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them (Standard 12.4) A training matrix is in place for all staff and training. This will be subject to monthly audit by the Registered Manager. Training compliance will be monitored via the monthly regulatory visits by the ASM and an action plan put in place to address areas of non-compliance.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered manager shall ensure a record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>As of the date of inspection the agency's training records (matrices) have been reviewed and updated to ensure that accurate records are held for each member of staff, of all training, including induction, and professional development activities undertaken (Standard 12.7).</p>

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