

Unannounced Domiciliary Care Agency Inspection Report 04 July 2016



Ardavon

Address: 27 a/b/c Bonds Hill, Waterside, Londonderry, BT47 6DW
Tel No: 028 71345279
Inspector: Lorraine O'Donnell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ardavon took place on 04 July 2016 from 09:00 to 14:45.

The inspection sought to assess progress with any issues raised during and since the previous 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. Two areas for improvement were identified during the inspection. The agency is required to ensure staff receives training which is appropriate to the work they are to perform and it was recommended that all policies and procedures are subject to 3 yearly review.

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 care and support plans. The agency's systems of quality monitoring are in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

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 relating to compassionate care were identified during this inspection.

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.

One area of improvement was identified; the monthly quality monitoring report should include an assessment of the quality of the service including staff training requirements.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

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

Details of the QIP within this report were discussed with a senior support worker, as part of the inspection process and Pauline Tierney, the registered manager, following the inspection. The timescales for completion commence from the date of inspection.

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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation / registered person: Apex Housing Association/Mr. Gerald Kelly	Registered manager: Mrs. Elizabeth Pauline Tierney
Person in charge of the agency at the time of inspection: Senior Support worker	Date manager registered: 01 June 2015

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2015/2016.

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

- Discussion with a senior support worker
- Consultation with one member of staff
- Examination of records
- File audits
- Evaluation and feedback.

During the inspection the inspector met with a senior support worker and one support worker. A number of staff and service users were on holiday on the day of inspection and therefore not available for discussion.

During the inspection the inspector also spoke with one service user to obtain their views of the service. The service user's views are contained within the body of this report. The service user reported that they received assistance with the following:

- Management of medication
- Shopping
- Meals.

On the day of inspection the inspector met with one care staff to discuss their views regarding care provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The senior support worker was provided with ten questionnaires to distribute to randomly selected staff members for their completion. Five completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report. The manager was also provided with ten questionnaires to distribute to service users for their completion. Six service users returned completed questionnaires and information from these questionnaires has been included in this report.

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review;
- Schedule of staff supervision and appraisal dates.
- Two induction records
- Complaint log
- Staff training schedule
- Staff duty rotas
- Monthly monitoring reports for March to May 2016
- Minutes of staff meetings
- Minutes of tenant meetings
- Policies and procedures relating to; risk management, staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification and complaints
- Records of incidents reportable to RQIA in 2015/2016
- The agency's Statement of Purpose.

4.0 The inspection

Ardavon is a supported living type domiciliary care agency which provides personal care and housing support to up to 12 individuals. The agency is operated by Apex Housing Association in conjunction with the Western Health and Social Care Trust and Northern Ireland Housing Executive's Supporting People Programme.

Discussion with the staff and service user, provided evidence of positive outcomes for service users; details of which have been included within this report.

The inspector would like to thank the service user and agency staff for their support and co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the most recent inspection dated 19 October 2015

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 requirements and recommendations from the last care inspection dated 19 October 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 17 Stated: Second time	(1) Where an agency is acting otherwise than as an employment agency, the registered person shall prepare a staff handbook and provide a copy to every member of staff. Action taken as confirmed during the inspection: The inspector viewed records indicating staff had been issued with a staff handbook and during discussions with one staff member they confirmed they had received a copy of the staff hand book.	Met
Requirement 2 Ref: Regulation 16 (2) Stated: Second time	(2) The registered person shall ensure that each employee of the agency— (a) receives training and appraisal which are appropriate to the work he is to perform; Action taken as confirmed during the inspection: The agency's staff training records were examined and indicated that some staff required up to date training in a number of mandatory training areas. Following the inspection the registered manager has provided RQIA with a number of dates for the outstanding training which indicated will be completed by all staff by September 2016.	Partially Met

<p>Requirement 3</p> <p>Ref: Regulation 21 (1)</p> <p>Stated: First time</p>	<p>21.—(1) The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>(b) retained for a period of not less than eight years beginning on the date of the last entry; and</p> <p>(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <p>This requirement refers but is not limited to records of staff induction undertaken.</p> <p>Action taken as confirmed during the inspection: Staff induction files were available during inspection, the inspector viewed two staff induction file and they contained all relevant information.</p>	<p>Met</p>
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p>	<p>It is recommended that managers and supervisory staff are trained in supervision and performance management.</p> <p>Action taken as confirmed during the inspection: The records viewed by the inspector indicated that one member of supervisory staff still requires training in supervision and appraisal. The registered manager has stated they are awaiting confirmation of a date when this training will be provided.</p>	<p>Partially Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p>	<p>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. This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>Action taken as confirmed during the inspection: The inspector viewed three monthly quality monitoring reports from March to May 2016 each report had been completed in accordance with the minimum standards.</p>	<p>Met</p>

4.3 Is care safe?

The agency's registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose.

A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be in compliance with related regulations and standards.

The agency has a structured comprehensive staff induction programme which includes shadowing by an experienced mentor for all newly appointed staff and completion of a 3 month probationary period. The inspector viewed induction records for two staff which confirmed that a competency assessment is carried out for each new care worker and subsequent supervision records maintained.

The inspector examined the agency's provision for the welfare, care and protection of service users. The agency has in place a policy relating to the safeguarding of vulnerable adults. Following inspection the registered manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015; it was noted that the organisation is currently reviewing their policy and procedures to reflect information contained within the guidance. It was noted that managers within the organisation have recently received awareness training in relation to the guidance.

The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015 confirmed a number of care workers had not completed the required mandatory update training programme. The inspector noted Regulation 16.2 had been breached on two previous occasions and therefore was very concerned it still had not been complied with. The training plan for 2016 was viewed which contained each of the required mandatory training subject areas along with other training relevant to service users' care needs. Following the inspection the registered manager provided RQIA with information relating to dates they had secured to ensure all staff receive the outstanding mandatory training by September 2016.

The care worker interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practise and their understanding of the agency's policy and procedure on whistleblowing.

The inspector examined the rota for the two week period prior to inspection and was satisfied that staffing levels were adequate. One member of staff commented in questionnaires that it was difficult to meet all the service user needs at times when another service user demonstrated challenging behaviour, as this required the attention of a number of staff. This was discussed with the registered manager following the inspection. The manager informed the inspector that staff were reminded to contact the person on call at any time additional support was required. The manager stated the Lone Worker Policy was discussed at a staff meeting held in April 2016 and staff training for all staff relating to dealing with challenging behaviour will be completed in August 2016.

Staff questionnaires received by the inspector confirmed that staff had received safeguarding update training during the previous year. However, records have indicated a number of staff required update training in safeguarding, the registered manager has provided dates this training is being offered. This has not been satisfactorily addressed since the previous

inspection by the registered person and will remain under review by RQIA. Following the inspection the registered manager has informed the inspector they have secured dates for all outstanding training.

Service user referral information received from the HSC Trust staff contained information regarding the service user and/or their representatives. The inspector examined three support plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users and/or representative’s views had been obtained and incorporated. Records of risk assessments are completed with each service user, regularly evaluated and reviewed.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed.

The service user interviewed by the inspector stated that they felt safe and secure in their homes.

Areas for improvement

Two areas for improvement were identified during the inspection.

The agency has been recommended to ensure that all policies and procedures are dated when issued, reviewed or revised.

The registered person must ensure all staff receives training which is appropriate to the work they are to perform.

Number of requirements:	1	Number of recommendations:	1
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4.4 Is care effective?

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. It was noted that the Statement of Purpose and Service User Guide provide a comprehensive overview of the full nature and range of current service provision and are provided to service users and/or their representatives.

The inspector reviewed a range of care plans which are provided to service users. Staff provided feedback about how care plans are developed alongside service users and/or their representatives, to fully incorporate the views and wishes of service users. Service user records evidenced that the agency had carried out care reviews with service users in line with the agency procedure. Annual questionnaires were confirmed by the registered manager as issued to service users to obtain feedback on services provided.

It was evident that staff have developed a good understanding of service users, which was reflected in the care plans and in the discussions they had with the inspector.

Monthly quality monitoring is undertaken and these quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matters.

Complaints, quality monitoring reports, care records, and the service user evaluation survey provided evidence of how the agency maintains records of comments made by service users and/or their representatives.

Minutes of tenant meetings clearly documented communication processes between agency staff and tenants, including tenant views and how the agency has responded to them. Discussions with the service user indicated that they have open lines with communication with staff. The service user provided feedback that they know who to go in the agency to discuss an issue or complaint.

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires staff and service users would indicate a high level of satisfaction with this 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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4.5 Is care compassionate?

The staff spoken to on the day of inspection described to the inspector that values including privacy, dignity, independence and choice, form an important part of care provision. The inspector noted that staff were reminded of the importance of maintaining confidentiality and setting boundaries in relationships with service users.

The service user interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff. The inspector noted that service users were able to exercise choice regarding a range of daily decisions. The service user who spoke with the inspector valued their independence and the ability to take part in activities of their choosing in their home and the local community. The tenant meeting minutes viewed by the inspector reflected opinions being sought in respect of choices regarding outings.

The service user informed the inspector that they felt that the staff are appropriately trained and knowledgeable regarding their care and support needs.

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. The Statement of Purpose reflects the range and nature of services provided.

Discussion with the staff evidenced that there was a clear organisational structure within the agency. The staff member was able to describe their roles and responsibilities.

Staff confirmed that they had access to the agency's policies and procedures.

The service user confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Discussion with the senior support worker and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Incident records viewed demonstrated that appropriate action had been taken by staff on receipt of incident reports. The inspector noted that the governance systems within the agency identify and drive quality improvement. There was evidence of regular and effective staff supervision, appraisal, and management of performance issues.

The inspector reviewed the monthly monitoring reports for March to May 2016. These reports evidenced that the agency had not addressed the requirement previously made by RQIA on two occasions in relation to staff training.

The inspector asked to see the complaints log and noted that the current method of recording a complaint includes information relating to the nature of the complaint, investigation, action taken to resolve issue and the outcomes. Service users provided feedback that they know who to go in the agency to discuss an issue or complaint.

The care worker interviewed indicated that they felt supported by senior staff that were described as approachable and helpful.

Two service users indicated they were dissatisfied with this service. The results of the questionnaires were discussed with the registered manager following the inspection and they agreed to engage with service users to gain more insight into the areas of dissatisfaction.

Areas for improvement

One area of improvement was identified during inspection.

The registered person monitors the quality of services in accordance with the RQIA's written guidance and actions are taken to ensure the quality of the service. The monthly quality monitoring reports viewed did not reflect the staff training issues identified on two previous occasions by RQIA.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Pauline Tierney, registered manager, by phone following the inspection and a senior support worker 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 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. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to Agencies.Team@rqia.org.uk 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 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 person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 16(2)</p> <p>Stated: Third time</p> <p>To be completed by: 30 September 2016</p>	<p>(2) The registered person shall ensure that each employee of the agency—</p> <p>(a) receives training and appraisal which are appropriate to the work he is to perform;</p> <p>The registered manager must confirm in writing on or before the 30 September that all training has been completed and up to date for all staff.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All mandatory training requirements will be met by 30th of September 2016 with the exception of personal safety training, dates have been secured for this training on the 17/10/16 and 28/11/16. I will notify the inspector in writing whenever this training has been completed.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 13.1</p> <p>Stated: Second time</p> <p>To be completed by: 04 September 2016</p>	<p>It is recommended that managers and supervisory staff are trained in supervision and performance appraisal.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Agreed and will be completed by the 30th of September 2016</p>
<p>Recommendation 2</p> <p>Ref: Standard 9.5</p> <p>Stated: First time</p> <p>To be completed by: 04 September 2016</p>	<p>Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All Apex policies are reviewed on a 3 year rolling programme unless we are prevented from doing so due to changes imposed by an external body and failure to provide the relevant guidance.</p>

<p>Recommendation 3</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>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. The report summarises any actions taken by the registered person or the registered manager to ensure the organisation is being managed in accordance with minimum standards.</p> <p>This relates to the monthly monitoring reports viewed did not discuss the breaches of Regulation 16.2 identified during two previous RQIA inspections.</p> <p>Response by registered person detailing the actions taken: All future training needs will be recorded on the monthly report.</p>
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The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews