

Inspection Report

7 December 2023



Ardavon

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: Apex Housing Association Responsible Individual: Miss Sheena McCallion	Registered Manager: Mrs Allison Foley Date registered: 1 May 2019
Person in charge at the time of inspection: Mrs Allison Foley	
Brief description of the accommodation/how the service operates: Ardavon is a supported living type of domiciliary care agency which provides services to up to 12 service users with a learning disability. The service users' care is commissioned by the Western Health and Social Care Trust (WHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 7 December between 10.00 a.m. and 2.15 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 were identified relating to adequate staffing levels; and in relation to the Dysphagia care plans.

Good practice was identified in the care plans which were person-centred and comprehensive. All stakeholders consulted with spoke in positive terms about the care and support provided.

Ardavon uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

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

4.0 What did people tell us about the service?

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?

- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires indicated that the respondents felt that the care and support provided was excellent. Written comments included:

- “Happy with the care.”
- “Staff in Ardavon are very good.”
- “I just feel safe and content in Ardavon and I know that staff are trying to help me with my chores and decisions.”
- “I am happy living in Ardavon.”
- “I like the holidays we get in Ardavon.”

During the inspection we met with a number of service users. We observed the service users to be relaxed and comfortable in their interactions with staff. All those consulted with described the manager as being ‘brilliant’ or ‘fantastic’.

Feedback noted within the monthly quality monitoring reports noted positive comments which had been consistently received from service users, relatives and Health and Social Care (HSC) Trust’ representatives.

No responses were received to the electronic 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 5 September 2022 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 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.

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

There had been no concerns relating to poor practice raised to the manager under the whistleblowing procedures.

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. However, review of incidents identified that an identified service user had a significant number of incidents recorded. Due to the frequency and seriousness of these incidents, the current staffing arrangements were deemed to be inadequate. This matter required urgent action to be taken and appropriate staffing levels were put in place immediately following the inspection. An area for improvement has been identified to ensure that staffing levels are consistently maintained.

Staff were provided with training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

All staff had been provided with training in relation to medicines management.

The Mental Capacity Act (MCA) 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 had completed appropriate DoLS training appropriate to their job roles.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records generally contained the relevant documentation. One service user required an extension to the timeframe set out in their DoLS authorisation form. The manager agreed to follow this up after the inspection. Advice was given in relation to developing a matrix would enable the manager to have better oversight of such matters.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. Care plans were person-centred and comprehensive; they included details about the service users' likes and dislikes and the level of support they may require. It was good to note that care plans were subject to review on a monthly basis.

It was also good to note that the agency had facilitated service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care and support. Service users were asked for suggestions on what activities they would like to engage in.

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 the manager and 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 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. However, one care plan did not include the level of supervision required when eating. This was discussed with the manager who agreed to follow up with the SALT to ensure that a care plan was agreed that would take account of the service user's fluctuating need in this regard. An area for improvement has been identified.

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

There was a system in place to ensure 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 Northern Ireland Social Care Council (NISCC).

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 a system in place to ensure that newly appointed staff 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, three-day induction programme which also included shadowing of a more experienced staff member.

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.

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 for staff to gain access to the service users' accommodation in the event of an emergency.

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 Regulations (Northern Ireland) 2007

	Regulations	Standards
Total number of Areas for Improvement	2	0

The areas for improvement and details of the QIP were discussed with Mrs Allison Foley, 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 Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 14 (a)(b) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that staffing levels are in place to meet the needs of the service users; in order to ensure their safety and wellbeing.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: <u>One to one staffing between the hours of 8am and 8pm has been commissioned by WHSCT effective from 08.12.2023 for the identified tenant</u></p>
Area for improvement 2 Ref: Regulation 15 (2)(b)(c) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that the care plans include the level of supervision required when a service user is eating or drinking; this should take account of any individual who has fluctuating needs.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: <u>Care, Support and risk assessments have been updated to reflect the one to one support given to the identified tenant effective 08.12.2023</u></p>

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