

Unannounced Care Inspection Report 10 September 2019



Ardavon

Type of Service: Domiciliary Care Agency
Address: 27 a/b/c Bonds Hill, Waterside, Londonderry, BT47 6DW
Tel No: 028 71 345279
Inspector: Kieran Murray

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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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Ardavon is a domiciliary care agency supported living type which provides services to 12 service users living in their own homes within the Western Health and Social Care Trust (WHSCT) area, who require care and support with learning disability. The service users are supported by 11 staff.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Miss Shenna McCallion	Registered Manager: Ms Allison Foley
Person in charge at the time of inspection: Ms Allison Foley	Date manager registered: 1 May 2019

4.0 Inspection summary

An unannounced inspection took place on 10 September 2019 from 09:30 to 16.00.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have 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 be seeking 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 choices and freedoms associated with any person living in their own home.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- staff recruitment
- care reviews
- staff supervision and appraisal
- collaborative working
- registrations with Northern Ireland Social Care Council (NISCC)

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of restrictive practices, consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

No areas requiring improvement were identified during the inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

The inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Allison Foley, Registered Manager, as part of the inspection process and can be found in the body of the report.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection report
- record of notifiable incidents
- all correspondence with RQIA since the previous inspection

During the inspection the inspector met with six service users, the manager and two staff.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

The inspector requested that the manager place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Ten questionnaires were also provided for distribution to the service users and their representatives; two responses were returned; analysis and comments are included within the report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

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

6.0 The inspection

There were no areas for improvement made as a result of the last care inspection 25 October 2018.

6.1 Inspection findings

6.2 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the organisation's head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations; it was evidenced that staff attend the Apex corporate induction programme. Staff who spoke to the inspector stated that they are required to shadow other staff members during their induction and probation period. The inspector evidenced periods of shadowing for new staff on rotas. The inspector spoke to two staff that provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by other staff members and the manager.

It was positive to note that the induction programme included training on customer care, diversity, equal opportunities and service user rights.

Staffing levels were consistently maintained and there were no concerns raised with the inspector by staff, service users in relation to their needs not being met. The manager and staff advised that the agency uses a small number of relief staff who are currently employed by Apex and a small pool of staff from another registered domiciliary care agency to meet the needs of service users.

The registered manager provided the inspector with a detailed list of the domiciliary care agency staff, their Access NI number, training and evidence of their Northern Ireland Social Care Council (NISCC) registration and the induction programme provided to them by Apex.

The inspector reviewed the agency's training plans which indicated that a small number of staff were not compliant with the Regulations and Minimum Standards. Following the inspection and within an agreed timescale the manager provided RQIA with information that these shortfalls had been met. The inspector reviewed the information and found it be satisfactory.

Staff comments:

- "We get teamed up with a buddy."

- “There is a really good induction for new staff.”
- “Service users Human Rights are protected.”

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with their policy has been maintained.

Discussions with the manager and a review of the agency’s safeguarding policy established that the agency have embedded the regional adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016 into practice. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. The inspector noted that records relating to safeguarding training completed by staff were up to date.

The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion (ASC) and their role. Staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability.

On the day of the inspection the inspector noted that the agency had made a number of safeguarding referrals to the BHSCCT since the last inspection on 25 October 2018 and the referrals had been managed appropriately. It was positive to note that Apex had completed a safeguarding position report 2018/2019, which was reviewed and found to contain appropriate information.

Staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

The inspector noted that Apex provide staff with a three monthly ‘Safeguarding Newsletter’ which included information on the safeguarding position report, recent safeguarding issues in the province and it focused on a different area of safeguarding concern in each issue.

The inspector noted leaflets on ‘See Something Say Something’ which were accessible to service users, relatives and staff throughout the agency.

Service user comments:

- “I have more freedom here.”
- “The staff are really good.”

On the day of the inspection it was noted that there were no restrictive practices in place.

Care records and information related to service users were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with General Data Protection Regulations (GDPR) and data protection guidelines.

Of two questionnaires returned by service users/relatives, one indicated that they were ‘very satisfied’ that care was safe and one indicated that they were ‘satisfied’ that care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and inductions, supervision and appraisals, adult safeguarding referrals, restrictive practice and risk management.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The full nature and range of service provision is detailed in the Statement of Purpose (2019) and Service User Guide (2019).

The review of three care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans and monthly reviews by staff. The inspector noted that yearly reviews took place with the relevant WHSCT representatives, service users and relatives as appropriate.

It was positive to note that advocacy services attended yearly reviews where service users had no known relatives. Advocacy leaflets outlining names and contact details were positioned throughout the agency.

Feedback received by the inspector from service users' and staff indicated that service users have a genuine influence on the content of their care plans.

Service user comments:

- "I can come and go as I want."
- "I get to make choices."
- "The manger dealt with an issue I had."
- "If I wasn't happy I would go to XXXX."

Staff comments:

- "We have tenant meetings and tenants have a voice."
- "Service users are given time."
- "Service users are very vocal and any concerns would be listened to."

The agency maintains daily contact records for each service user. There records were maintained within policy and procedures.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users, their relatives and other key stakeholders.

Review of team meeting records indicated that meetings took place on a quarterly basis; the staff informed the inspector that they could contribute items to the agenda for these meetings. The inspector noted items such as adult safeguarding, activities and healthy eating were included on the agenda. Staff indicated that the staff team are supportive to each other and that communication is good.

The inspector reviewed tenant meeting and house records which indicated that they took place on a monthly basis and that tenants views were being heard and addressed. Items on the agenda included adult safeguarding, advocacy, birthdays and activities. This was confirmed by service users who spoke to the inspector.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, relatives, staff and WHSC Trust representatives.

The manager informed the inspector that suggestions received via the suggestion boxes which were located in the foyer of the agency and the two houses are included in the monthly quality monitoring reports. This was evidenced by the inspector on reviewing monthly quality monitoring reports.

The inspector was informed that questionnaires are sent out monthly to one service user, one relative and one WHSCT professional on quality of service provided. The feedback is included in the monthly quality monitoring report which was evidenced by the inspector.

Of two questionnaires returned by service users/relatives, both indicated that they were 'very satisfied' that care was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on customer care, diversity and equal opportunities.

Discussions with the service users, manager and staff provided evidence that the agency supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

Service users who wished to speak to the inspector were provided with privacy as appropriate.

Service users invited the inspector to view their bedrooms and pointing out photographs of outings and holidays they had attended, supported by staff. Other services users informed the inspector how staff has supported them to arrange an upcoming holiday to the United States.

It was evident that the agency staff and WHSCT keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community as well as in the agency, with appropriate staff support.

The inspector observed staff using appropriate language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs.

Service user comments:

- "The staff give me respect."

Staff spoken to on the day of the inspection advised the inspector that the agency had a garden party during the summer where service users, relatives and staff made pledges in relation to their roles and responsibilities in maintaining respect, promoting dignity and offering choice within the agency. Service users also made pledges requesting that staff 'ask me, don't tell me' when communicating with them.

Service users consulted with during the inspection gave examples readily of the different ways the staff treated them with respect and dignity, whilst promoting their independence. Staff interactions observed by the inspector were noted to be very warm and caring.

Of two questionnaires returned by service users/relatives, both indicated that they were 'very satisfied' that care was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed the management and governance systems in place within the agency to meet the needs of the service users. The agency is managed on a day to day basis by the manager with the support of team leaders and a team of support workers. It was identified that the agency has effective systems of management and governance in place.

The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

The registered manager confirmed that information regarding registration and renewal dates was maintained by the agency. A review of records confirmed that all staff were currently registered as required. The manager described the system in place for monitoring registration status of staff with the relevant regulatory bodies and confirmed that all staff are aware that they are not permitted to work if their NISCC/NMC registration had lapsed.

There had been a number of complaints received since the last inspection 25 October 2018. The inspector noted that the complaints were dealt with appropriately in accordance with policy and procedure and the complainants were fully satisfied with the outcomes.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

The inspector noted the following comments on monthly quality monitoring reports from service users and WHSCT professionals.

Service users

- 'Everything is just great here.'

WHSCT professional

'I agree with all the statements on the standard questionnaire and rated the quality of service as very good.'

Staff comments:

- "The management are flexible and approachable."

The inspector was advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency's policies and procedures:

- care and support records
- service user finances
- accidents and incidents
- complaints
- NISCC/NMC registrations
- training and supervision

The inspector reviewed the agency's annual quality report and found it to be positive. The registered manager informed the inspector that the report is shared with service users, relatives and relevant stakeholders. The inspector noted copies of the report on noticeboards throughout the agency.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. However, the inspector noted that contact details for RQIA required updating on the complaints policy. The manager forwarded the updated complaints policy to RQIA which was reviewed as satisfactory.

Records of service user meetings and reports of quality monitoring visits indicated the agency's commitment to regularly engaging with service users and where appropriate relevant stakeholders.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

The inspector discussed the recent changes the Northern Ireland Ambulance Service (NIAS) had made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency arrangements for managing this and the manager was advised to identify any potential challenges and to liaise with the relevant trusts, as appropriate.

Of two questionnaires returned by service users/relatives, both indicated that they were 'very satisfied' that the service was well led.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

Areas for improvement

No areas for improvement were identified in this domain during the inspection

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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