

The Regulation and  
Quality Improvement  
Authority

Ardavon  
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BT47 6DW

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**Unannounced Care Inspection  
of  
Ardavon**

**19 October 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 19 October 2015 from 10.00 to 16.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	2

The details of the QIP within this report were discussed with the Mrs Elizabeth Pauline Tierney, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Apex Housing Association/Mr Gerald Kelly	<b>Registered Manager:</b> Mrs Elizabeth Pauline Tierney
<b>Person in charge of the agency at the time of Inspection:</b>	<b>Date Manager Registered:</b> 01 June 2015
<b>Number of service users in receipt of a service on the day of Inspection: 12</b>	

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.

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and themes have been met:

**Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

**Theme 2: Service User Involvement - service users are involved in the care they receive**

#### **4. Methods/Process**

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

Prior to inspection the following records were analysed:

- Records of incidents notified to RQIA
- Inspection report of 6 March 2015 (pre-registration) and quality improvement plan.

Since the previous inspection, the agency had reported six incidents to RQIA, three of which were in relation to medication issues. RQIA had also been notified of an accident occurring in the home of a service user.

RQIA received two notifications from the agency of incidents where there had been concerns about service users' finances. The registered manager advised the inspector that these matters had also been referred to the HSC Trust and were being treated as adult safeguarding matters. The actions taken to minimise the risk of service users' finances being mishandled were discussed and included staff training, enhanced auditing and recording of service users' finances and retention of receipts for expenditure. Following the inspection the inspector spoke with a HSC Trust professional who confirmed that the financial concerns remained under investigation by the Trust and PSNI.

During the inspection the inspector met with three of the people supported and with three members of staff. The inspector provided questionnaires during the inspection and requested that these were distributed to staff and the people supported. Five of these were returned by staff and six by service users.

During the inspection the inspector requested details of the relatives of the people supported who would be willing to be contacted by the inspector for the purposes of obtaining their views on the quality of service provision. The inspector also requested contact details of HSC Trust professionals who are involved in the service. This information was made available following the inspection period however the inspector was unable to establish contact with the relatives of the service users.

The following records were examined during the inspection:

- Recruitment Policy
- Alphabetical index of staff
- Induction procedures and records
- Staff training records
- Staff handbook
- Supervision and appraisal policy
- Monthly quality monitoring records
- Complaints records
- Care records

- Staff duty rotas
- Whistleblowing policy
- Tenants' meeting records.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was a pre-registration inspection dated 6 March 2015. The completed QIP was returned and approved by the inspector.

### 5.2 Review of Requirements and Recommendations from the last inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 17	<p>(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.</p> <p>(2) The handbook prepared in accordance with paragraph (1) shall include a statement as to—</p> <p>(c) record keeping requirements</p> <p><b>Action taken as confirmed during the inspection:</b>            The registered manager confirmed that the agency has developed the staff handbook to include record keeping requirements. A copy of the revised handbook was available for inspection however this had not yet been distributed to staff. This requirement has been partially met and will be restated.</p>	Partially Met
<b>Requirement 2</b>  <b>Ref:</b> Regulation 16 (2)	<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><b>Action taken as confirmed during the inspection:</b>            The agency's staff training records were examined and evidenced uptake in training in only some of the mandatory areas. The registered manager advised that due to staffing shortages it had been difficult to release staff to attend all of their mandatory training and that all staff will have received this training by the end of January 2016.            The registered manager also advised the inspector that staff have not yet had an annual appraisal and that she would be completing these when she had completed training in this area.</p>	Not Met

	This requirement has not been met and will be restated.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 10 (2) Schedule 2 (9)	The registered person must provide RQIA with details of any professional indemnity insurance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The details of the agency's professional indemnity insurance had been forwarded to RQIA prior to this inspection.	
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 12.8	There is a written training and development plan that is kept under review and is updated at least annually. It reflects the training needs of individual staff and the aims and objectives of the agency.	<b>Not Met</b>
	It is recommended that the agency's training and development plan includes training in handling service users' finances.	
	<b>Action taken as confirmed during the inspection:</b> The inspector was advised that the agency's training and development plan had been updated to include training in handling service users' finances. The training and development plan was not available for inspection and was submitted to RQIA following the inspection. The training and development plan did not make reference to staff training in handling service users' finances.  This recommendation has not been met and will be restated.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 9.3	Policies and procedures are centrally indexed and compiled into a policy manual.	<b>Met</b>
	It is recommended that the agency's policies and procedures are compiled in an accessible manner.  <b>Action taken as confirmed during the inspection:</b> The inspector examined a range of policies and procedures and access these in indexed policy manuals.	

### 5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

#### Is Care Safe?

The agency's 'Recruitment and Selection Policy' was examined and referenced the pre-employment checks outlined within the regulations and minimum standards.

The agency maintains an alphabetical index of staff supplied or available for supply to work in the homes of service users and staffing is comprised of the registered manager, senior support staff and support staff. The registered manager confirmed that staff from other domiciliary care agencies are not supplied to work with service users in their own homes.

The agency's induction programme was examined and reflected a structured induction period lasting up to the six month probation review. During the first week of the induction programme the new worker works alongside a more experienced member of staff ('buddy') and receives information and guidance on a range of procedures including safeguarding, supervision, confidentiality, introduction to service users, health and safety. The inspector was advised that the agency does not maintain the records of the staff member's induction until the induction period has concluded. Induction programme workbooks are distributed to new staff for their reference and completion and are to be returned at the end of the probationary period. It was therefore not possible to view the records of inductions that had been undertaken by new members of staff. A requirement has been made in this regard.

At the end of the first week, new staff complete a review of their first week. A review is also completed at the end of the second week and throughout the probation period. Induction records are to be signed by new member of staff and their 'buddy' or mentor.

The agency's staff handbook was examined and had been updated since the previous inspection. The handbook had been prepared in accordance with Regulation 17 however the revised version had not been distributed to all staff. A requirement has been made with regard to this.

The agency's supervision policy was examined and had been revised in July 2015; the policy outlines the frequency of staff supervision as quarterly. The registered manager provided records to confirm that all staff had received supervision in accordance with the policy.

The inspector was satisfied with the registered manager's plans to ensure that each member of staff would have an annual appraisal following her completion of her training in this area. The provision of staff appraisals will remain under review by RQIA.

#### Is Care Effective?

The agency's staff duty rotas were examined and reflected the staffing levels described by the manager. The deployment of staff to the homes of individual service users was discussed and it was evident that due to assessed needs and risks, some service users required more intensive support. Staffing is provided 24 hours per day; senior staff are available on site during most days and there are on call arrangements in place during which senior staff can be contacted by support staff.

The agency's staff induction programme includes an outline of the roles and responsibilities of the member of staff and an evaluation at the end of each week by the new member of staff and their mentor. Staff performance is also evaluated at the six month probation period. The inspector was advised that staff training needs are identified during the induction period and the induction programme highlights the mandatory training areas.

Senior support staff are responsible for the supervision of support staff and records produced confirmed that support staff had received supervision in accordance with the frequency outlined in the agency's policy. It was noted however that senior support staff had not received training in the provision of staff supervision and a recommendation has been made in this regard.

The agency maintains a policy titled 'Confidential Reporting Policy for Board Members and Staff' and this outlines the arrangements for staff to raise concerns arising from poor practice. All of the staff who returned a questionnaire indicated that they were satisfied or very satisfied that they would be taken seriously if they raised any concerns and that the agency's policy on whistleblowing is accessible to staff.

Four of the six service users who returned a questionnaire indicated they were satisfied with the staffing levels. Two service users were supported to comment that they would like additional staffing on duty.

All of the staff who returned a questionnaire indicated that they were satisfied that there is all times an appropriate number of suitably skilled and experienced persons to meet the service users' needs.

### **Is Care Compassionate?**

The inspector was advised that the majority of the staff team were previously employees of the residential home where service users had lived and therefore had extensive experience and knowledge of the service users. The inspector was also advised of the extensive consultations that took place in advance of the move and the role of the HSC Trust and the service users' representatives in the process.

The inspector was advised that the agency's induction programme takes into account the specific needs and preferences of individual service users and that all staff had received induction when the service commenced. All of the staff who returned a questionnaire indicated that the induction process adequately prepared them for their role.

All of the service users who returned a questionnaire indicated that they were very satisfied that staff know how to care for them and respond to their needs.

Two service users who met with the inspector expressed high levels of satisfaction with agency staffing and commented on the friendliness and approachability of staff.

### **Areas for Improvement**

There were several areas for quality improvement identified within this theme; these relate to:

- The distribution of the revised staff handbook to all staff
- The provision of training in supervision for supervisory staff

- The retention of induction records for inspection.

<b>Number of Requirements:</b>	<b>2</b>	<b>Number of Recommendations:</b>	<b>1</b>
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#### **5.4 Theme 2: Service User Involvement - service users are involved in the care they receive**

##### **Is Care Safe?**

The care records examined included needs and risk assessments and evidence of these being reviewed with the HSC Trust. Review records evidenced the involvement of the service user and there were explicit references to the service users' human rights within their care records.

Agency staff and service users described a range of areas in which service users were experiencing increasing levels of independence, empowerment and autonomy and these included management of finances, community access and a range of activities of daily living.

Service users who returned a questionnaire all indicated that staff help them to feel safe in their home and the service users who met with the inspector indicated this also.

##### **Is Care Effective?**

The care records examined contained evidence of regular reviews of service users' needs and the preferences of service users had been noted within the records.

Service users are encouraged to attend tenants' meetings and the records of these evidenced discussion of the agency's complaints procedures and consultations regarding practical arrangements within the service users' homes.

From discussion with agency staff and service users it was evident that the views of service users are taken into account and shape the quality of service provision.

##### **Is Care Compassionate?**

All six service users who returned a questionnaire indicated that they were very satisfied with the care and support received and that their views and opinions are sought about the quality of the services provided.

Service users had been consulted in relation to staff accessing their homes and there were arrangements in place to facilitate service users in the event of them wishing to change their key worker. Service users were also provided with information in advance in relation to any staffing changes.

All of the staff who returned a questionnaire indicated that they were satisfied or very satisfied that service users have their views taken into account in the way services are delivered and that there are adequate arrangements for service user involvement.

##### **Areas for Improvement**

There were no areas for quality improvement identified within this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### 5.3 Additional Areas Examined

The records of quality monitoring undertaken on a monthly basis on behalf of the registered person were examined. The reports summarised the agency's progress towards actions to be taken following the previous monitoring visit. The reports reflected consultations with service users and their representatives and monitoring of staffing levels and staff inductions.

It was noted however, that the quality monitoring activity had not identified the further actions required for compliance with a number of requirements and a recommendation made by RQIA at the pre-registration inspection. In particular, the distribution of the revised staff handbook to all staff, the uptake of all mandatory training and the revision of the agency's training and development plan. A recommendation has been made in this regard.

The agency's complaints records were examined and discussed with the registered manager. The agency had noted two complaints since becoming registered however these were in relation to disagreements between service users, rather than complaints to the agency. The inspector was satisfied that staff had intervened appropriately and supported the service users to resolve these matters locally.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Elizabeth Pauline Tierney, registered manager 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.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

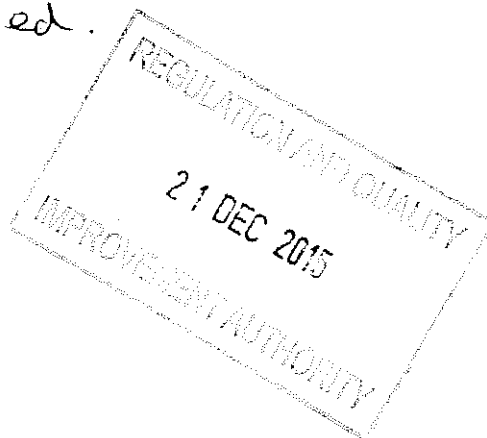
### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and 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. Once fully completed, the QIP will be returned to RQIA's office (non- paperlite) 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 weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 17</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 14 December 2015</p>	<p>(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.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Agreed and Actioned.</p> 
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 16 (2)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 1 February 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><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Moving &amp; Handling training completed 17/11/15.</p> <p>Infection prevention and control completed 26/11/15.</p> <p>COSHH training completed on 01/12/15.</p> <p>Medication training scheduled 19/01/16</p> <p>Ardawon came under Apex direct management on 01/06/15.</p> <p>Appraisals will be conducted for all staff in accordance with the organisation's annual appraisal procedures by 31/03/16.</p>

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 21 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and ongoing</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><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Staff commencing employment with Ardaron after 01/06/15 are in the process of completing the organisation's six month induction programme. This involves the completion of an induction booklet, which going forward will be retained on the scheme.</p> <p>Staff who had been previously employed with Ardaron Trust and who transferred to Apex received relevant training associated with the change of service from residential to domiciliary care. Apex will not hold a comprehensive record of all induction records for these staff.</p>
<p><b>Recommendations</b></p> <p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 1 February 2016</p>	<p>It is recommended that managers and supervisory staff are trained in supervision and performance appraisal.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Agreed- staff will receive this training in preparation for the completion of the annual appraisal exercise.</p>

<b>Recommendation 2</b> <b>Ref:</b> Standard 8.11 <b>Stated:</b> First time <b>To be Completed by:</b> Immediate and ongoing	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.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> Apex Staff undertake monthly visits to Ardaraon and complete a report.		
<b>Registered Manager Completing QIP</b>	<i>Pauline Parnay</i>	<b>Date Completed</b>	17/12/15
<b>Registered Person Approving QIP</b>	<i>Joe Cassidy</i>	<b>Date Approved</b>	11.12.15
<b>RQIA Inspector Assessing Response</b>	<i>Rayley</i>	<b>Date Approved</b>	21/12/15

REGULATORY AUTHORITY  
 14 DEC 2015  
 IMPROVEMENT AUTHORITY