

Unannounced Care Inspection Report

23 November 2017



Ardavon

Type of Service: Domiciliary Care Agency

Address: 27 a/b/c Bonds Hill, Waterside, Londonderry, BT47 6DW

Tel No: 02871345279

Inspector: Lorraine O'Donnell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 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 the Northern Ireland Housing Executive's Supporting People Programme.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual(s): Mr Gerald Kelly	Registered Manager: Mrs Amanda Jane Kelly
Person in charge at the time of inspection: Senior Support Worker	Date manager registered: 24 February 2017

4.0 Inspection summary

An unannounced inspection took place on 23 November 2017 from 09.30 to 16.30 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and 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
- Staff induction and training
- Service user engagement

One area requiring improvement was identified this related to the frequency of staff supervision, staff must receive supervision as stated in the agency supervision policy.

The comments of service users have been included in the relevant report sections.

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.

The inspector would like to thank the senior support worker, service users, relative, agency staff and HSCT representatives for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with the senior support worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 4 July 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 04 July 2016.

5.0 How we inspect

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

- Discussion with the senior support worker in charge at the time of inspection
- Examination of records
- Consultation with staff, service users, a relative and a trust representative
- Evaluation and feedback

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

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with 10 service users, two staff, one relative and one trust representative.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Training and Development Policy
- Supervision Policy
- Disciplinary Policy
- Safeguarding Vulnerable Adults Policy

- Confidential Reporting Policy
- Complaints Policy
- Data Protection Policy
- Statement of Purpose
- Service User Guide

Prior to the inspection an inspector visited that agency's Human Resources (HR) department to review the agency's individual staff recruitment records; details of the findings are included within the report.

Questionnaires were provided by the inspector for completion during the inspection by staff and service users; four staff and seven service user questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 July 2016

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 4 July 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with regulations.		Validation of compliance
Area for improvement 1 Ref: Regulation 16(2) Stated: Third 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; 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.	Met

	Action taken as confirmed during the inspection: The inspector viewed training records which confirmed all training had been completed and was up to date at the time of inspection.	
Action required to ensure compliance with minimum standards.		Validation of compliance
Area for improvement 1 Ref: Standard 13.1 Stated: Second time	It is recommended that managers and supervisory staff are trained in supervision and performance appraisal.	Met
	Action taken as confirmed during the inspection: The inspector viewed records during inspection which confirmed managers and supervisory staff are trained in supervision and performance appraisal.	
Area for improvement 2 Ref: Standard 9.5 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The inspector viewed a number of randomly selected policies during the inspection which had been systematically reviewed 3 yearly and when changes are made.	
Area for improvement 3 Ref: Standard 8.11 Stated: First time	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. This relates to the monthly monitoring reports viewed did not discuss the breaches of Regulation 16.2 identified during two previous RQIA inspections.	Met
	Action taken as confirmed during the inspection: The inspector viewed three monthly reports and confirmed they referred to actions taken relating to breaches of Regulation 16.2 identified during previous inspections.	

6.3 Inspection findings

6.4 Is care safe?

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

The inspector reviewed the agency's processes in place to avoid and prevent harm to service users; this included a review of staffing arrangements in place within the agency.

The agency's staff recruitment process is managed by the organisation's HR department. A RQIA inspector visited the HR department prior to the inspection and examined a number of individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed. The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Documentation viewed by the inspector indicated that there are robust recruitment systems in place to ensure that staff are not provided for work until all required checks have been satisfactorily completed. The senior support worker could describe the process for obtaining confirmation that new staff are available to commence employment.

The agency's training and development policy outlines an induction programme consisting of between four and nine days. The staff confirmed after the classroom based induction they had a period of work shadowing. A record of the induction programme provided to staff is retained by the agency; records viewed by the inspector detailed the information provided during the induction period. Staff who spoke to the inspector demonstrated that they had the appropriate knowledge and skills to fulfil the requirements of their individual job roles. The senior support worker confirmed staff are registered with NISCC.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector viewed three individual staff records and noted that a record of staff supervision and appraisal is maintained by the agency; records viewed indicated that staff received annual appraisal, however, they did not receive supervision in accordance with the frequency outlined in the agency's policies and procedures. Staff who spoke to the inspector could describe the benefits of individual supervision, group supervision and appraisal.

Staff were aware of their responsibility for ensuring that they had the skills and knowledge to fulfil their job roles and for ensuring that required training updates are completed. It was noted that staff were required to complete required mandatory training and in addition a range of training specific to the needs of individual service users.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The senior support worker could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and could identify the Adult Safeguarding Champion. It was noted that the organisation has recently updated their policy and procedures to reflect information contained within the regional policy. Discussions with staff demonstrated that they had a clear understanding of adult safeguarding issues and the process for reporting concerns. Staff had knowledge of the agency's whistleblowing policy. Records viewed and discussions with staff indicated that the agency has

acted in accordance with their policies and procedures when dealing with allegations of abuse and that the details of the outcome of any investigations are recorded.

The relative and service users confirmed care is usually provided by consistent staff and new carers are introduced to the service users. No issues regarding the carers' training were raised with the inspector and the service users, relative and trust representative confirmed that if they had a concern they could approach the carers or office staff. Examples of some of the comments made by the relative and service users are listed below:

- "staff are friendly."
- "couldn't say a bad word."
- "really happy with everything."
- "I feel safe in my new home."

Four staff and seven service users' questionnaires were returned to RQIA; responses received indicated that all were either satisfied or very satisfied that care provided is compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, adult safeguarding and risk management.

Areas for improvement

One area for improvement was identified during the inspection relating to supervision, as staff had not received supervision in accordance with the frequency outlined in the agency's policies and procedures.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's data protection policy outlines the processes for the creation, storage, retention and disposal of records. It was identified from records viewed during inspection that they were maintained in accordance with legislation, standards and the organisational policy. Service user records viewed on the day of inspection included referral information received from the Health and Social Care (HSC) Trusts. The referrals detailed the services being commissioned and relevant risk assessments. The agency's care plans and risk assessments completed by staff contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

A sample of three service user files viewed confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user's needs were being met. The staff explained that the agency is usually invited to attend the commissioning trust's arranged care review meetings with service users/relatives. They confirmed they receive an amendment form from the trusts detailing any agreed change to the original care plan. Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans.

The inspector noted that there are arrangements in place within the agency to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector viewed the records of quality monitoring visits completed by a senior manager and the action plan developed; and noted that they indicated that the process was robust. Records of quality monitoring visits viewed were noted to include comments made by service users, and where appropriate their representatives. The records included details of the review of accidents, incidents or safeguarding referrals, staffing arrangements and record keeping.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and staff, and observations of staff interaction with service users during the inspection indicated that staff communicates appropriately with service users. Service users could clearly describe the process for raising concerns or complaints.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to the manager if any changes to service users' needs were identified.

During the inspection the senior support worker informed the inspector recruitment was ongoing and they had recently approached an agency who supplies care staff to assess the possibility of using them to provide staff when required.

Examples of some of the comments made by the relatives are listed below:

- "Good service. Very happy with everything."

Four staff and seven service users' questionnaires were returned to RQIA; responses received indicated that all were either satisfied or very satisfied that care provided is effective.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

From a range of documentation viewed the inspector noted that the agency record comments made by service users and/or their representatives. Systems for effectively engaging and responding to the comments and views of service users and where appropriate representatives are maintained through the agency's complaints process; quality monitoring visits; care review meetings; stakeholder and service user satisfaction surveys, service user meetings and family meetings. It was identified from records viewed that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying required learning outcomes and areas for improvement.

Observations by the inspector during the inspection of staff interactions with service users indicated that staff endeavour to provide care in a person centred manner and support service users to make informed choices. It was identified that the agency has provided a range of information in an alternative format to support service users to meaningfully engage in decisions about their individual care and support.

Service users could describe examples of how staff support them to be involved in making decisions regarding the care and support they receive. Records of service user and care review meetings reflected the involvement of service users and where appropriate their relatives and were noted to contain comments made by service users and other relevant stakeholders. Service users who spoke to the inspector stated that they could speak to the manager and staff at any time.

The relative who participated in the inspection felt that care was compassionate, that the staff treated the service user with dignity and respect, and care is not rushed. Service users, as far as possible, are given their choice in regards to the activities taking place.

Examples of some of the comments made by the relative and service users are listed below:

- "The staff are very conscientious."
- "Lovely people."
- "I am very happy here."
- "The meals are good."

Staff spoken with during the inspection described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

Four staff and seven service users' questionnaires were returned to RQIA; responses received indicated that all were either satisfied or very satisfied, that care provided is compassionate.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred compassionate care and the effective engagement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. The agency has had a change of manager since the last inspection and this had been reflected in the updated Statement of Purpose. It is good to note that the areas for improvement identified in previous inspections had been actioned. Staff had a clear understanding their responsibilities and who to talk to if they had a concern; they described an 'open door' arrangement. Staff demonstrated that they had an understanding of the agency's whistleblowing policy and could clearly describe the procedure for obtaining support and guidance including the arrangements for out of hours. Staff who participated in the inspection stated that the manager is supportive and approachable.

Two support staff spoken with confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed quality monitoring, supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users. The inspector was informed by the senior support worker that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that all staff are registered with NISCC.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards. Staff could describe the procedure for accessing the agency's policies and procedures. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales detailed within the domiciliary care agency minimum standards.

The complaints log was viewed for 2016-2017 to date. Review of complaints during inspection supported appropriate processes are in place for complaints review and resolution.

Discussion with the senior support worker confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector reviewed the monthly monitoring reports from August 2017 to October 2017. The reports contained sufficient evidence that the registered person evaluates the quality of services provided in accordance with minimum standards. Feedback provided to the inspector indicated that there are effective collaborative working relationships with relevant stakeholders, including HSCT representatives and relatives. From quality monitoring records viewed the inspector noted positive feedback received the HSCT representatives regarding the ability of the agency

to work in partnership. Records of service users meetings and staff meetings were viewed and evidenced any concerns raised by service users during these meetings were actioned.

All of the service users who participated in the inspection confirmed that they are aware of whom they should contact if they have any concerns regarding the service.

Four staff and seven service users' questionnaires were returned to RQIA; responses received indicated that all were either satisfied or very satisfied that care provided is well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the senior support worker, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 750.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

Area for improvement 1 Ref: Standard 13.3	The registered person shall ensure staff have recorded formal supervision meetings in accordance with the agency's policy and procedures.
Stated: First time To be completed by: Immediate from the date of inspection	Response by registered person detailing the actions taken: All supervision meetings are recorded and monitored monthly to ensure completion in line with the agency's policy and procedure.



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