

Unannounced Care Inspection Report 25 October 2018



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

www.rqia.org.uk

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

This is a domiciliary care agency supported living type which provides personal care and housing support to 12 service users with a learning disability. The agency is operated by Apex Housing Association in conjunction with the Western Health and Social Care Trust. Service users are supported by 12 staff.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual(s): Mr Gerald Kelly	Registered Manager: Ms Allison Foley - application received - "registration pending".
Person in charge at the time of inspection: Ms Allison Foley	Date manager registered: 28 August 2018

4.0 Inspection summary

An unannounced inspection took place on 25 October 2018 from 10.00 to 17.30.

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 inductions
- staff supervisions and appraisals
- care reviews
- incident management
- collaborative working
- registration with professional regulations

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

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 23 November 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 November 2017.

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 and quality improvement plan (QIP)
- record of notifiable incidents
- record of complaints
- correspondence with RQIA since the previous inspection

During the inspection the inspector met with the manager, 10 service users, three staff, no visiting professionals and following the inspection a telephone conversation with one service user's representative.

The following records were examined during the inspection:

- three service users' care and support plans
- care review records
- Health and Social Care Trust (HSCT) assessments of needs and risk assessments
- recording/evaluation of care records
- monthly quality monitoring reports
- staff meeting minutes
- tenant meeting minutes
- records relating to staff training, including induction training
- records relating to staff supervisions
- records relating to appraisals
- complaints records
- incident records
- records relating to safeguarding of adults
- staff rota information
- recruitment policy
- a range of policies relating to the management of staff
- supervision policy
- induction policy
- safeguarding adults in need of protection policy
- whistleblowing policy
- data protection policy
- Statement of Purpose
- Service User Guide

The manager was asked to distribute 10 questionnaires to service users/family members. One questionnaire was returned prior to the issue of the report.

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 give their views, and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

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 families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

Feedback received on the questionnaire will be detailed in the body of the report.

An RQIA information leaflet ‘how can I raise a concern about an independent health and social care service’ was also provided to be displayed in the agency.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 November 2017

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 23 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 13.3 Stated: First time	The registered person shall ensure staff have recorded formal supervision meetings in accordance with the agency’s policy and procedures.	Met
	Action taken as confirmed during the inspection: The inspector evidenced recordings of formal supervision meetings which were in keeping with the agency’s policy and procedure.	

6.3 Inspection findings

6.4 Is care safe?

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

During the inspection the inspector reviewed staffing arrangements. The agency has a recruitment policy and a mechanism in place to ensure that appropriate staff pre-employment checks are completed and that these are satisfactory.

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 a 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 spoke to three 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.

Staff rotas viewed and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

The manager advised that the agency uses a small pool of staff from another registered domiciliary care agency to meet the needs of service users.

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

It was positive to note that staff supplied for the first time from a domiciliary care agency were offered an additional supernumerary shift to familiarise themselves with service users, agency staff and the agency itself.

Service user comments:

- "I am happy here."
- "If I had any complaints I would go to XXX and the staff."

Staff comments:

- "The induction lasted a number of weeks."
- "Policies and procedures are available for staff to read."
- "We are working a lot at present to cover staff shortages."

Relative comments:

- "The accommodation is excellent."
- "The staff keep me updated."
- "I expressed some concerns and they got resolved very quickly."

Examination of records indicated that a system to ensure that staff supervision and appraisal are planned and completed in accordance with the service policy has been maintained. Staff who spoke to the inspector provided feedback that they had received supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training records which indicated compliance with regulation and standards and the agency's mandatory training requirements. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. Autism and Anaphylaxis Awareness training.

The inspector noted circulars in the agency office advising staff of additional e-learning courses e.g. Personality Disorder and Healthy Eating.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. 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 inspector noted that 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 one safeguarding referrals to the Health and Social Care Trust (HSCT) since the last inspection 23 November 2017. The referral was made and management plans were made in conjunction with the HSC Trust as evidenced by the inspector.

Agency 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.

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

The inspector noted that evidence of review of service users' needs took place annually or earlier as necessary.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been a number of notifiable events to RQIA since the previous inspection 23 November 2017. The inspector evidenced that these notifiable events were completed by the agency and in accordance with the agency's procedure and policy.

The inspector noted that the agency had received a number of complaints since the last inspection on 23 November 2017 and these had been managed in accordance with policy and procedure. The inspector noted that complainants were fully satisfied with outcomes.

Of one questionnaire returned by service user/relative, they indicated that they were 'very satisfied' 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, training, complaints and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is detailed in the Statement of Purpose (2018) and Service User Guide (2017). The inspector noted that the Service User Guide was also available in easy read format.

The inspector reviewed three service users' care and support plans. The inspector was informed that care and support plans are reviewed by the key worker on a monthly basis or sooner if required. These records evidenced that the agency carries out reviews with service users if changes to their needs are identified. The inspector examined three annual care reviews and the records were satisfactory.

The agency maintains daily contact records for each service user. On examination of records the inspector found them to be completed satisfactorily.

Staff interviewed on the day of the inspection confirmed they were provided with details of care plans for each service user.

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

Service user comments:

- "I attend my review with my key worker and care manager."
- "We all help out in the house."

Relative's comments:

- "I attend the review every year."
- "The staff does so much for the tenants."

Staff comments:

- "We have a team meeting every month."

The agency has developed and maintained a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring visits are undertaken by managers who have a good working knowledge of the service.

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users', staff, relatives as appropriate and community keyworkers, and details of progress of improvement matters.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users. The staff described effective verbal and written communication systems with the staff team, including the use of a diary and verbal and written handovers.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate HSC professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users approached staff as they wished and appeared to enjoy good relationships with staff.

Review of team meeting records indicated that team meetings took place on a two monthly basis; the staff who spoke with the inspector verified this informed the inspector that they could contribute items to the agenda for these meetings. Staff indicated that the staff team are supportive to each other and that communication is good.

The inspector reviewed tenant meetings which indicated that they took place on a two monthly basis. This was confirmed by service users who spoke to the inspector.

The inspector examined the following surveys carried out by the agency each month: service user, relatives, staff and stakeholder surveys. The inspector evidenced a resident survey 2017 with an attached action plan. There were suggestion boxes located throughout the agency for service users and their representatives to make suggestions if necessary. The manager assured the inspector that the annual quality report would be submitted to RQIA by 30 October 2018. Following the inspection and within the agreed timescale the manager forwarded the annual quality report to RQIA. The inspector reviewed the annual quality report and found it to be satisfactory.

The name and contact details of advocacy services were detailed in the Statement of Purpose for Service Users to avail of if necessary.

Of one questionnaire returned by service user/relative, they indicated that they were 'very satisfied' care was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to 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?

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

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Discussion with staff and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress.

The inspector found that the agency had participated in liaison with a range of HSCT professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

It was evident that the agency staff and community 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, with appropriate staff support.

Service users advised the inspector that their everyday living skills were enhanced and maintained with the support of the staff.

Service users who wished to meet the inspector were provided with privacy as appropriate. The inspector noted that service users have choice regarding their daily routines and personal belongings.

Service users talked at length to the inspector about how staff had supported them to organise a holiday to Disney Paris and the enjoyment they got from this trip.

Service users informed the inspector that they were planning to attend music events in the coming months supported by staff.

A service user invited the inspector to view their bedroom and the service user informed the inspector that they had picked the furniture and fittings with the support of family members and agency staff.

On the day of the inspection the inspector observed staff supporting service users to go out to the local area and services to promote social inclusion.

Service user comments:

- “I went to the Titanic in Belfast for the day.”
- “We all help out in the house.”

Relative comments:

- “The agency arranged a garden party for the tenants.”

Staff comments:

- “We are visitors in the service user’s homes.”

Of one questionnaire returned by service user/relative, they indicated that they were ‘very satisfied’ 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 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 creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of established management and governance have been implemented at the agency. The day to day operation of the agency is overseen by the manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency’s governance of risk, which comprises of appropriate policies and procedures, regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA and service improvement strategies implemented by the senior management team.

On the day of the inspection it was noted that a number of accidents/incidents had taken place since the last inspection on 23 November 2017. The inspector examined the records and found that the agency had dealt with the incidents in accordance with its procedure and policy.

The agency operates a robust training system available for staff to request training to meet the needs of service users.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are maintained on an electronic system for staff to access. On the day of the inspection the inspector noted that a number of policies were out of date. Following the inspection and within an agreed timescale with the manager, the agency forwarded the identified policies to RQIA. The inspector reviewed the policies and found them to be satisfactory.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager could discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- individual risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the referral information received from the HSCT.

The agency maintains and implements a policy relating to complaints and compliments. On the day of the inspection it was noted that a number of complaints had been received since the last inspection on 23 November 2017; these are recorded and managed in accordance with the agency's policy and procedure. The inspector noted that the complainants were fully satisfied with the outcomes.

There are effective systems of formal supervision and appraisal within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles.

Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

Service user comments:

- “We know the new manager.”
- “XXX is a nice boss.”

Relative comments:

- “I have a good relationship with the manager and staff.”

Staff comments:

- “The manager is not here very long but in the short time she has been here she is grand.”
- “XXX allows staff time to talk.”

Of one questionnaire returned by service user/relative, they indicated that they were ‘very satisfied’ the service was 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

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care