

Unannounced Domiciliary Care Agency Inspection Report 20 June 2016



Fairways Outreach Services

Type of Service: Domiciliary Care Agency – Conventional
Address: 22 Cloonavin Park, Coleraine, BT52 1RU
Tel No: 02870359417
Inspector: Amanda Jackson

www.rqia.org.uk

1.0 Summary

An unannounced inspection of Fairways Outreach Services took place on 20 June 2016 from 09:30 to 15:15 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

No areas for quality improvement were identified during this inspection.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

No areas for quality improvement were identified during this inspection.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

No areas for quality improvement were identified during this inspection.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

No areas for quality improvement were identified during this inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

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

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Anthony Dunlop (registered person), Miss Victoria Derbyshire (registered manager) and the agency co-ordinators as part of the inspection process and can be found in the main body of the report.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation / registered provider: Fairways Outreach Services Ltd/Mr Robert Anthony (Tony) Dunlop	Registered manager: Miss Victoria Jane Derbyshire
Person in charge of the agency at the time of inspection: Miss Victoria Jane Derbyshire	Date manager registered: 24 August 2015

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report;
- Previous quality improvement plan (QIP);
- Record of notifiable events for 2015/2016 (Nil);
- Record of complaints notified to the agency

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

- Discussion with the registered person, manager and co-ordinators
- Consultation with three staff
- Examination of records
- File audits
- Evaluation and feedback

As part of the inspection the inspector spoke with three service users, in their own home, on 20 June 2016 to obtain their views of the service. The service users interviewed reported that they received assistance with the following:

- Management of medication
- Personal care
- Meals
- Cleaning
- Social support

The inspector also reviewed the agency's documentation relating to three service users.

On the day of inspection the inspector met with three support staff to discuss their views regarding care and support provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Two staff questionnaires were returned to RQIA. One questionnaire contained no information whilst the second questionnaire provided responses to the areas of 'compassionate care' and 'well led care'. The content of the completed questionnaire is detailed in the main body of the report.

The following records were examined during the inspection:

- Recruitment policy and procedure;
- Three recently recruited staff members records;
- Induction policy and procedure, programme of induction and supporting templates;
- Three recently recruited staff members induction and training records;
- Training and development policy and procedure;
- Three long term staff members quality monitoring, supervision and appraisal records;
- Three long term staff members training records;
- Two staff duty rotas;
- Vulnerable adults policy and procedure;
- Whistleblowing policy and procedure;
- Three vulnerable adult records;
- Three new service user records regarding referral, assessment, care planning and review;
- Three long term service user records regarding review, reassessment and risk assessment;
- Three long term service users quality monitoring records;
- Quality improvement policy and procedure;
- Record keeping and reporting policy and procedure;
- The agency's service user guide/agreement;

- The agency’s statement of purpose;
- Three service users home recording records;
- Three monthly monitoring reports completed by the registered provider;
- 2015 Annual quality report;
- Three compliments;
- Two staff meeting minutes;
- Three emails to trust professionals/keyworkers regarding changes to service users care;
- Three complaints records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 November 2015.

The most recent inspection of agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 10 November 2015.

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 16 (2)(a) Stated: Second time	The registering person and registered manager are required to ensure completion of staff appraisals for all staff members.	Met
	Action taken as confirmed during the inspection: Review of three staff appraisal records completed since the previous inspection were found to be compliant with Regulation 16 (2)(a).	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 15.10 Stated: First time	Records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the action taken.	Met
	Action taken as confirmed during the inspection: Review of three complaints records confirmed compliance with Standard 15.10.	

4.3 Is care safe?

The agency currently provides services to eight service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Three files were sampled relating to recently appointed staff which verified all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. The agency does not currently incorporate elements of the Northern Ireland Social Care Council (NISCC) induction standards within their induction process. Due to staff not currently requiring to be registered with NISCC this process has not been embedded by the agency. The agency manager confirmed plans to register staff in line with NISCC timeframes and at that point will fully implement the NISCC induction standards. Two of the three support staff interviewed during the inspection day, had commenced employment within the previous few years. These staff described their recruitment and induction training processes in line with those found within the agency procedures and records.

The inspector was advised by all of the service users interviewed that there were no concerns regarding the safety of care being provided by Fairways. New support workers are introduced to the service user by a regular member of staff; normally during staff induction and shadowing, this was felt to be important both in terms of staff knowledge and understanding of service users care and support needs.

No issues regarding the support workers' training were raised with the inspector; examples of care and support delivered discussed by service users included working with people with complex needs who require care, support and direction to enable them to maintain a safe a healthy life. All of the service users interviewed confirmed that if they had a concern they could approach their individual support staff and/or management staff. Examples of some of the comments made by service users are listed below:

- “Staff can sometimes be over protective but I know this is for my own good”.
- “No complaints”.
- “They help me with my money”.

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance in accordance to the required standards. The policy requires updating in line the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The registered manager provided assurances the policy would be updated accordingly. The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015/2016 confirmed all support workers had completed the required mandatory update training programme. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas along with other training relevant to service users care and support needs including 'Respect' training. Training is facilitated by external agencies and within the agency. Discussion during inspection with support staff confirmed satisfaction with the quality of training offered.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous update training.

A review of documentation regarding three safeguarding matters confirmed that matters arising were managed appropriately and in accordance with the regional safeguarding protocols and the agency policies and procedures. Documentation to trust professionals was centrally maintained and available for review during inspection.

Each of the three support workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They also described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing.

A sample of three service user files confirmed that the agency management had carried out trust care review meetings with service users/representatives to ensure service user needs were being met. The registered manager explained that the agency do not implement a separate agency process for quality monitoring although service users are met with on an ongoing basis to ensure their assessed needs are being met. The inspector discussed review of the current quality monitoring process completed by senior support staff to ensure feedback on service quality or requests from service users for improvement is captured. The registered manager confirmed that trust representatives were contactable when required and good communication between the agency and trust professionals was reviewed during inspection.

Service users spoken with by the inspector, staff spoken with during the inspection and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

The inspector was informed by the service users interviewed that there were no concerns regarding care being rushed. One of the service user complaints reviewed during inspection advised that there was a variation in a call time; this was promptly addressed by the agency and reverted back to the agreed time. No reports of missed calls were reported to the inspector.

Service users reported no concerns regarding communication between themselves and the agency support staff and office/management staff. They confirmed that management from the agency visit their homes on an ongoing basis, however they were unable to confirm receipt of a paper questionnaire from the agency. This process was confirmed during the inspector review of the annual quality review process. One of the service users interviewed by the inspector was able to confirmed that they are involved in trust reviews regarding their support package. The inspector reviewed evidence of annual trust reviews within other records reviewed during inspection.

Service users confirmed that all support staff are aware of the care and support required. One service user confirmed where issues arise with new staff and their understanding of the support required this had been communicated by the service user to the agency co-ordinator and appropriately managed.

Examples of some of the comments made by service users or their relatives are listed below:

- “Couldn’t be better supported, my life has improved during my time at Fairways”
- “All staff are good”

The inspector reviewed three of the agency’s records during the inspection and all records appeared to be current and up to date.

The agency’s recording policy and associated procedures on ‘Record keeping and reporting’ had been revised in 2015. The agency maintained recording templates in each service user’s home file on which support workers recorded their visits. The inspector reviewed three completed records returned from service user’s homes, which confirmed appropriate procedures in place.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their co-ordinator or manager if any changes to service users’ needs are identified. Staff interviewed and questionnaire feedback confirmed ongoing quality monitoring is completed by their manager to ensure effective service delivery.

The registered manager confirmed discussion of records management during staff team meetings as necessary and during training updates. Discussion with three staff during the inspection supported review of this topic as necessary. Minutes of staff meetings reviewed during inspection did not evidence such discussions as staff recording has been compliant with no issues arising.

Service user records viewed included referral information received from the HSC Trust professionals and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant risk assessments and supporting multi professional assessment as necessary. The agency follow the trust care plans and risk assessments and completed initial service contacts ongoing prior to a service user receiving support from the agency. Evidence reviewed during inspection support that service users and/or representative’s views are obtained during the trust referral process to the agency and ongoing through service user reviews. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. The agency have not been requested to provide the guide in an alternative format but confirmed they would accommodate this should the need arise to ensure appropriate communication and equality to all service users.

Service user records evidenced that the agency carries out annual care reviews in association with the HSC Trust. Service users receive the agency annual quality questionnaires to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and trust professionals where changing needs were identified and reassessments resulted in amended care plans.

The agency had completed their annual quality review report for 2015, with a summary report of findings and improvements planned. The registered manager confirmed the summary report is provided to all service users in a range of pictorial/graph form and word version and this was reviewed within the agency during inspection. The registered manager informed the inspector that feedback from the annual quality review process is not formally shared with staff post completion. This has been recommended as a progressive quality assurance measure.

Staff interviewed on the day of inspection confirmed that they were provided with details of care and support planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans through staff handovers at each shift, communication detailed within the staff communication book and from staff reading service users support plans at the beginning of each shift. Staff described aspects of care provision which reflected their understanding of service user's choice, dignity, and respect.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

All of the service users interviewed by the inspector felt that the care they receive is compassionate, carers treat them with dignity and respect, and care is not being rushed. Service users are given choice in regards to the care and support they receive on an ongoing basis. During the home visits the inspector observed interactions between support staff and service users and noted that the environment appeared relaxed and supportive in nature.

The agency ensures that the views of service users and where appropriate relatives are sought through the annual trust review process to ensure satisfaction with the care and support being provided by Fairways outreach service. Examples of some of the comments made by service users are listed below:

- "The girls work really well with me"
- "All is good"
- "Sometimes staff can be over protective but I know they mean well, I can discuss any issues with XXX"

Records viewed in the agency office and discussions with staff confirmed that direct observation of staff practice is carried out within service users' homes on an ongoing basis. Records reviewed by the inspector recorded no concerns regarding staff practice during spot checks and monitoring visits.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user's wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

The staff questionnaire received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. The questionnaire also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

The agency implement service user quality monitoring practices through the trust review process on an annual basis. Quality monitoring from this process alongside monthly registered person/manager contact (monthly quality reports) and the annual quality review of services evidenced positive feedback from service users and their family members. Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘The outreach team manage very complex service users and have a real degree of professionalism remaining calm and responding to needs’. ‘I believe if it were not for the specialised and professional support offered by this service XXX would be at risk”. (Trust professional feedback during monthly quality monitoring by registered person)
- ‘Flexibility within the service in responding to service user’s needs. The joint working between ourselves and your team is exemplary’. (Trust professional feedback during monthly quality monitoring by registered person)
- ‘Staff are friendly and kind’. (Relative compliment from annual quality review/survey 2015)

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the Registered Person, Mr Anthony Dunlop and Registered Manager, Miss Victoria Derbyshire the agency provide domiciliary care and support to eight people living in their own homes.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

The policy and procedure manual was reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency’s policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently.

All of the people interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints log was viewed for 2015 and 2016 to date, with a range of complaints recorded. Review of three complaint records supported appropriate review and resolution. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

Discussion with the registered manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No reportable incidents had occurred since the previous inspection however review of one vulnerable adult matter during inspection had PSNI involvement and was recommended for submission to RQIA. This matter was addressed immediately by the registered manager during the inspection.

The inspector reviewed the monthly monitoring reports for January, April and May 2016. These reports evidenced that the responsible person/manager had been monitoring the quality of service provided in accordance with minimum standards. However, the reports did not clearly reflect service user, relative, staff and commissioner feedback for each month or detail why obtaining such information may not be appropriate during a particular month. The reports also form part of an overall Fairways monthly quality monitoring report (as the service has more than one service aspect, Fairways Green Project is the overall project). Submission of the June 2016 report upon request by the inspector supported this matter had been promptly addressed by the registered person.

The three support workers interviewed indicated that they felt supported by senior staff who were described as always available for discussions. Staff discussed quality monitoring, supervision, team meetings, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Staff also supported that current staffing arrangements are appropriate in meeting service users' needs and this was also reflected in the staff questionnaire returned to RQIA.

Ongoing electronic and written communications with trust professionals/commissioners was presented during inspection and supported an open and transparent communication system between the agency and the commissioning trust.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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