

Unannounced Inspection Report Domiciliary Care Agency 11 April 2016



NIAMH Fountainville Avenue 24 Hour Supported Housing

2 - 10 Fountainville Avenue, Belfast BT9 6AN

Tel: 02890 325224

Inspector: Joanne Faulkner

1.0 Summary

An unannounced care inspection of Niamh Fountainville Avenue 24 Hour Supported Housing took place on 11 April 2016 from 11.00 to 16.00. The inspection sought to review any issues identified since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

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

Is care safe?

Delivery of safe care was evident on inspection. The agency has in place robust recruitment systems and ensures there is the appropriate number of suitably skilled and experienced staff at all times to meet the needs of service users. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust. The agency has systems in place to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. No areas for quality improvement were identified during this inspection.

Is care effective?

Delivery of effective care was evident on inspection. The agency consistently responds appropriately to the needs of service users through the development and review of individualised care and support plans. The agency has implemented robust systems for quality monitoring, providing ongoing assurance of continuous improvement of services in conjunction with service users and their representatives. No areas for quality improvement were identified during this inspection.

Is care compassionate?

Delivery of compassionate care was evident on inspection. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes and the provision of individualised care and support. It was noted that staff value the views of service users and where appropriate their representatives. The inspector identified evidence of positive outcomes for service users. No areas for quality improvement were identified during this inspection.

Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. There are robust management and governance systems in place to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. Evidence of effective working partnerships with the HSC Trust and other external stakeholders was provided. No areas for quality improvement were identified during this inspection.

1.1 Inspection outcome

	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 Denise Bermingham, registered manager, as part of the inspection process.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service Details

Registered Organisation/Registered Person: NI Association for Mental Health/William Henry Murphy	Registered Manager: Denise Mary Bermingham
Person in Charge of the Agency at the Time of Inspection: Denise Mary Bermingham	Date Manager Registered: 24 April 2015

3.0 Methods/Processes

Prior to inspection the following records were analysed:

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

During the inspection the inspector met with three service users, the registered manager and three support workers.

Questionnaires were distributed for completion by staff and service users during the inspection; nine staff and eight service user questionnaires were returned.

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

The following records were viewed during the inspection:

- Four care and support plans

- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Audit reports including those pertaining to complaints, notifiable incidents, restrictive practices, safeguarding incidents, supervision and appraisal
- Partnership meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff Induction records
- Staff rota information
- Staff intranet
- Recruitment Policy; September 2015
- A range of policies relating to the management of staff
- Supervision/appraisal policy, September 2014
- Safeguarding Vulnerable Adults Policy and Safeguarding Vulnerable Adults Practice Guide 2014
- Whistleblowing Policy, September 2014
- Data Protection Policy, 2014
- Complaints Procedure, December 2014
- Statement of Purpose, March 2015
- Service User Guide
- Confidentiality Policy, September 2014
- Management of Incidents Policy, March 2014

4.0 The Inspection

NIAMH Fountainville Avenue 24 hour Supported Housing is a supported living type domiciliary care agency which provides domiciliary care and housing support to adults with enduring mental illness.

The agency's registered premises are situated adjacent to the service users' accommodation and are accessed from a separate entrance.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting good mental health and maximising quality of life. All referrals are made by the HSC trust mental health services.

Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

Discussion with the registered manager, staff and service users, provided evidence of positive outcomes for service users; details of same have been include in this report. The inspector would like to thank the registered manager, service users and agency staff for their support and co-operation throughout the inspection process.

4.1 Review of Requirements and Recommendations from the Previous Inspection Dated 2 April 2015

The previous inspection of the agency was an announced pre-registration care inspection. No requirements or recommendations resulted from the inspection.

4.2 Is Care Safe?

During the inspection the inspector reviewed staffing arrangements within the agency.

The agency's recruitment policy details the mechanism for ensuring that appropriate staff pre-employment checks are completed; it was noted that a record of checks completed is retained by the agency's human resources department.

The agency's induction policy outlines the induction programme lasting at least three days which is in accordance with the regulations. The agency maintains a record of the induction framework provided to staff; it details information provided during the induction period and supervision/support provided during the nine month probationary period.

Staff are required to complete an Induction Foundation Framework (IFF) in the initial nine months of employment; they are provided with the agency's staff handbook and have access to the agency's policies and procedures online. The agency maintains a record of induction evaluation.

Discussions with the registered manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. Staff rotas viewed reflected staffing levels as described. The agency has a process in place to ensure that staff provided at short notice have the knowledge, skills and training to carry out the requirements of the job role.

The agency has a procedure for the induction of short notice/emergency staff and for verifying the identity of staff prior to their supply; it was identified from records viewed that relief staff are accessed from a group of staff employed by the organisation in order to promote continuity of care.

The agency's supervision and appraisal policies outline the frequency and procedures to be followed; staff indicated that they are provided with a supervision contract. The agency maintains a record of staff supervision and appraisal and a supervision log; records viewed indicated that they are completed in accordance with the agency's policies and procedures.

The agency has a process for observing staff practice/performance at least annually; staff required to cover in the absence of the registered manager complete an annual competency assessment.

The agency has an electronic database for recording and identifying training needs which was viewed by the inspector. Staff stated that the agency provides them with required mandatory training and in addition training specific to the needs of individual service users i.e. mental health awareness and managing challenging behaviours. The registered manager stated that staff are encouraged to highlight individual training needs at any time.

Staff who spoke to the inspector stated that they had the necessary knowledge, skills and support to carry out their roles; this was confirmed by service users who met with the inspector.

The inspector examined the agency's provision for the welfare, care and protection of service users. It was identified from documentation viewed that the agency has in place a policy relating to the safeguarding of vulnerable adults. The registered manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015; it was noted that the organisation is currently reviewing their policy and procedures to reflect information contained within the guidance.

Records maintained in relation to safeguarding vulnerable adults reviewed by the inspector indicated that the agency has responded appropriately to all suspected, alleged or actual incidents of abuse.

It was noted from training records viewed that staff are provided with safeguarding training during induction and at appropriate intervals. Staff who spoke to the inspector demonstrated that they had a good understanding of safeguarding issues and could describe the procedure for reporting concerns.

Staff who spoke to the inspector could outline the detail of the agency's whistleblowing policy and their responsibility in highlighting and raising concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health welfare and safety. It was identified that the agency has in place risk management policies and ensures that risk assessments and management plans are completed in conjunction with individual service users and where appropriate their representatives. The agency receives risk assessments from the referring HSCT representative. It was noted from documentation viewed and discussions with staff and service users that risk assessments are reviewed and updated. The agency's governance arrangements include audit of risk assessment and any restrictive practices in place.

The agencies registered premises are located adjacent to the service users' homes and are accessed by a separate entrance; the premises include a number of offices and facilities which are suitable for the operation of the agency as described in the Statement of Purpose.

Nine staff and eight service user questionnaires were returned to the inspector; they indicated that staff and service users were satisfied that safe care was provided.

Service user comments

- 'I feel safe here.'
- 'There is nothing worrying me.'
- 'Nothing is bad, everything is good.'
- 'This is the best place I have lived all my life.'
- 'Staff are caring they help me feel safe.'

Staff comments

- ‘We have enough staff to meet the needs of the service users.’
- ‘I feel service users feel safer now that they have got used to living with the other people they share with; it takes time.’

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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4.3 Is care effective?

The agency’s arrangements for appropriately assessing and meeting the needs of service users were reviewed during the inspection. Details of the nature and range of services provided, including any restrictive interventions, is detailed within the Statement of Purpose and Service User Guide.

The agency’s policy relating to management of records which was viewed by the inspector details arrangements for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the agency’s policy.

The inspector viewed a number of individual service user care plans; service users stated that they are involved in the development of their care and support plans. Discussions with staff and records viewed indicated that HSC Trust representatives are involved in evaluation and review of care plans six monthly or as required. Service users stated that they are encouraged to record daily the care and support provided to them.

Service users stated that they are supported to live as independently as possible and can make choices in relation to their daily routines.

The agency has in place comprehensive and robust arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring visits are completed by the agency’s senior manager within the organisation. Records viewed included the views of service users, their relatives and where appropriate relevant professionals had been recorded. The documentation details any incidents or safeguarding concerns; it was noted that a service improvement plan is developed and that the registered manager is required to record when the recommended actions have been completed.

The agency facilitates monthly partnership meetings; records viewed indicate that service users are encouraged to express their views and opinions. Service users are supported to attend meetings held within the organisation to gain the views of all service users. Service users and their relatives are informed of the agency’s complaints procedure and the agency maintains a record of all compliments and complaints.

It was identified that service users have been provided with a human rights booklet issued by the Ministry of Justice and details of an advocacy service is contained within the agency’s service user guide.

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 observation of staff interaction during the inspection indicated that service users can access staff at any time. Service users could describe the process for reporting any issues or complaints. Service users made positive comments about their working relationships with staff.

It was evident during the inspection that the agency seeks to sustain effective working relationships with the HSC Trust and other agencies. The registered manager could describe examples of ongoing liaison with stakeholders.

Nine staff and eight service user questionnaires were returned to the inspector; they indicated that staff and service users were satisfied that care provided was effective.

Service users' comments

- 'I get on well with my keyworker.'
- 'This is the first place I have settled; it is very homely.'
- 'Staff help me with anything I need.'
- 'I am happy with the care I get; staff are caring.'
- 'I attend the partnership meeting; we can say what we like and dislike.'
- 'There is always someone I can talk to.'

Staff comments

- 'Service users are empowered to make decisions about their lives and are supported to take positive risk.'
- 'Care plans are updated six monthly or as required; service users are involved in this process.'
- 'Service users' dignity, respect and choice are paramount; they decide what they want to do.'
- 'Service users are given the opportunity to develop their skills and live as independently as possible.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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4.4. Is care compassionate?

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users in decisions affecting their care and support.

Discussions with staff and service users and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation. Staff stated that choices and consent of service users are paramount to service provision; and describe instances when the rights of service users are promoted.

Discussions with staff and service users indicate that care is provided in an individualised manner. Care plans viewed were written in an individualised manner and service users stated that they are consulted about the care they receive.

Staff discussed examples of responding to service users' preferences; records of tenant partnership meetings reflected the involvement of service users. One service user is encouraged to attend 'Beacon Voice' on a quarterly basis; this provides the opportunity for service users to express their views within the organisation and contribute ideas of how the service provided can be improved.

The registered manager described the process for liaising with the HSC trust regarding best interest practices for service users where there are capacity and consent issues.

The inspector noted that the views of service users and/or their representatives were recorded throughout relevant agency documentation. Formal processes to record and respond to service users and relatives are maintained through the complaints and compliments process, quality monitoring, service user survey, keyworker meetings and partnership meetings.

During the inspection the inspector observed agency staff communicating with service users in a manner which took into account the views and feelings of service users and supported them to make informed choices and decisions. The inspector noted that the agency had provided one service user with information in an alternative format to facilitate clearer understanding.

During the inspection the inspector observed that service users were able to make choices regarding their daily routine and activities. Records viewed and discussions with staff and service users indicated that service users are involved in decision making on a range of matters.

The agency has in place has systems to evaluate the quality of service provided, in a manner which takes into account the views of service users and their representatives. The monthly quality monitoring, monthly partnership meetings and annual report include evidence of consultation with service users. It was identified that the agency plans to complete annual Service User Satisfaction Surveys. Action plans developed detail progress on improvements.

Nine staff and eight service user questionnaires were returned to the inspector; they indicated that staff and service users were satisfied that care provided was compassionate.

Service users' comments

- 'I love it here.'
- 'Staff are so respectful and caring.'
- 'I can do what I want.'
- 'Staff are great; they are supporting me to complete my driving test.'
- 'I go to my review every few months.'
- 'If I am worried I talk to my keyworker.'
- 'I am listened to and can make my own choices.'
- 'We are treated really well here.'
- 'Staff discuss my care and support plan with me and I decide what care I want.'

Staff comments

- ‘Service users decide what they want to do.’
- ‘We help service users’ deal with setbacks.’
- ‘We facilitate partnership meetings and meet with the service users in their own home environment.’
- ‘I feel service users have been supported to achieve better outcomes since coming to live in supported living; I feel their lives are improved.’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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4.5 Is the service well led?

The inspector examined management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has in place a comprehensive range of policies and procedures which are reviewed in accordance with the Minimum Standards, relevant legislation and guidelines. Policies and procedures are retained on an electronic database accessible to all staff, and additionally in paper format stored within the agency’s office; the inspection viewed a number of policies and procedures on the electronic system.

The inspector noted that the agency’s governance systems promote the identification and management of risk; these include appropriate policies and procedures, regular audit of safeguarding incidents and incidents notifiable to RQIA, complaints, and restrictive practices.

The agency’s complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received no complaints for the period 1 April 2015 to 31 March 2016; this was verified from records viewed and discussion with the registered manager. Staff who spoke to the inspector could describe the process for handling complaints.

It was noted that the agency’s has in place management and governance systems to drive quality improvement. Arrangements for managing incidents and complaints include processes for identifying trends and for preventing recurrences. The inspector viewed evidence of appropriate staff supervision, appraisal, and management of performance issues. The registered manager stated that the ethos of audit within the agency is to improve the quality of the service provided and to provide better outcomes for service users. It was identified that the organisation is currently undertaking an audit of staff training and development.

The organisational and management structure of the agency is clearly defined; it identifies lines of accountability and roles and responsibilities of staff. Agency staff confirmed that they are provided with a job description which outlines their role and responsibilities of their job role; staff could describe their roles and responsibilities. Service users were aware of staff roles and stated that they could access staff at any time.

The registered person has worked effectively with RQIA to operate and lead the agency in accordance with the Regulations and Minimum Standards. They have responded appropriately to regulatory matters. The agency’s Statement of Purpose and Service User Guide are kept under review, and have been reviewed and updated (2015).

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

Discussion with staff indicated that there are effective collaborative working relationships with external stakeholders, including the HSCT representatives. Staff stated that good working relationships with stakeholders enable the service users to achieve better outcomes.

Discussions with the registered manager and staff provided assurances that there were effective working relationships maintained by the registered person with staff. Staff stated that they can access support from the registered manager at any time and described the process for receiving support in the absence of the manager.

Staff could describe lines of accountability and knew when and who to discuss concerns with. The inspector was informed that staff were confident that managers listen to and appropriately address any concerns or issues raised. Staff could describe the detail of the agency's whistleblowing policy and their responsibility to report any concerns or issues.

There are clear process for support and guidance, within and outside of normal working hours. It was identified that support staff have access to a Senior Project Worker at all times on shift.

Nine staff and eight service user questionnaires were returned to the inspector; eight staff and all eight service users indicated that they were satisfied that the service was well led.

Service users' comments

- 'Staff are very good and the manager is approachable.'
- 'Staff speak to us to hear our views.'

Staff comments

- 'The induction training is excellent; I feel the organisation invests in the staff.'
- 'We work very closely with HSCT staff to achieve positive outcomes for service users; this can be challenging at times.'
- 'I feel supported in my role; it was difficult at the beginning due to a number of issues, i.e. a number of new staff and trying to help service users adapt to their new living arrangements.'
- 'The manager is supportive; any issues raised are followed through.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number 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 weaknesses that exist in the service. 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.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)