

Unannounced Inspection Report 26 May 2017



NIAMH Fountainville Avenue 24 Hour Supported Housing

Type of service: Domiciliary Care Agency
Address: 2 - 10 Fountainville Avenue, Belfast BT9 6AN
Tel: 02890 325224
Inspector: Joanne Faulkner

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Niamh Fountainville Avenue 24 Hour Supported Housing took place on 26 May 2017 from 10.15 to 15.30.

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

Is care safe?

Indicators of the delivery of safe care were evident on the day of inspection. It was identified that the agency has in place effective recruitment systems; there are training and induction processes in place to assist the agency in ensuring that there is at all times an appropriate number of suitably knowledgeable, skilled and experienced staff to meet the assessed needs service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and collaborative working with Health and Social Care Trust (HSCT) representatives and relevant stakeholders. There are systems in place to ensure the identification, prevention and management of risk and to promote positive outcomes for service users. Service users indicated that they felt care provided to them was safe. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during this inspection

Is care effective?

Indicators of the delivery of effective care were evident on the day of inspection. The agency responds appropriately to meet the needs of service users through the development and review of individualised care plans and effective engagement with service users. The agency has systems in place for review and monitoring of quality, providing ongoing assurance of continuous improvement of services in conjunction with service users and where appropriate, their representatives. There are systems in place to promote effective communication with service users and stakeholders. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during this inspection.

Is care compassionate?

Delivery of compassionate care was evident on the day of inspection. The inspector identified that an ethos of dignity and respect and independence was embedded throughout staff attitudes and actions and in the provision of individualised care and support. Observations made and discussion with staff, service users and HSCT representatives indicated that staff value and respect the views and opinions of service users; staff support service users to make informed choices. Service users stated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a more fulfilling life. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during this inspection.

Is the service well led?

Indicators of the delivery of a well led service were evident on the day of inspection. There are management and governance systems in place to meet the individual assessed needs of service users. Agency staff demonstrated that they have a clear understanding of their roles and responsibilities within the management structure and indicated that they have confidence in the lines of accountability. There is evidence that the registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. There are supports systems in place that encourage service users to engage effectively e.g. advocacy services, tenant's meetings. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during this inspection.

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

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 the person in charge 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.

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 Person: Inspire Wellbeing/William Henry Murphy	Registered manager: Isobel Weir- Acting manager- no application received
Person in charge of the service at the time of inspection: Senior Project worker	Date manager registered: Isobel Weir- Acting manager- no application received

3.0 Methods/processes

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

- Discussion with the person in charge
- Examination of records
- Consultation with staff ,service users and a HSCT representative
- Evaluation and feedback

Prior to inspection the following records were analysed:

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

The following records were viewed during the inspection:

- Service users' care records
- 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 safeguarding of vulnerable adults
- Staff rota information
- Training and Development Policy
- Induction Policy
- Professional Registration Policy
- Confidentiality Policy
- Quality Management Policy
- Recruitment Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Data Retention and Disposal Policy
- Complaints Procedure
- Statement of Purpose
- Service User Guide

During the inspection the inspector met with one service user, the person in charge, one staff member and a HSCT representative.

Questionnaires were distributed by the inspector for completion by staff and service users during the inspection; nine staff and six 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.

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 offices are located 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 HSCT mental health services. Staff are available to support tenants 24 hours per day.

The inspector would like to thank the person in charge, service users, HSCT representatives and agency staff for their feedback, support and co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the most recent inspection dated 11 April 2016

The most recent inspection of the agency was an unannounced care inspection. There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

During the inspection the agency's processes in place to avoid and prevent harm to service users which includes staffing arrangements within the agency were reviewed by the inspector.

The inspector noted that staff recruitment is co-ordinated and processed by the organisations human resources (HR) department. During a number of visits during the previous inspection year by the inspector to the organisation's HR department, individual staff personnel records were reviewed; documentation viewed was noted to include details of the recruitment processes and evidence of pre-employment checks completed. Documentation viewed and discussions with staff indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work until required pre-employment checks as outlined within the minimum standards have been satisfactorily completed and verified. The agency's recruitment policy outlines the mechanism for ensuring that required checks are completed prior to commencement of employment. The person in charge could describe the process for obtaining confirmation that staff are available to commence employment.

The agency's training and development policy outlines the induction programme lasting at least three days which is in accordance with the regulations; it was noted from records viewed and discussions with staff and the person in charge that all staff are required to attend corporate induction training and are required to complete an induction competency workbook. The person in charge stated that new staff are required to shadow other staff employed by the agency for approximately two weeks.

The inspector noted that the expectation is that staff complete the full induction programme within their initial nine month probationary period. Staff are provided with the agency's staff handbook and have access to the agency's policies and procedures online.

The agency retains a record of the induction programme provided to staff; documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff. Staff stated that they felt they had the knowledge, skills and experience to fulfil the requirements of their individual job roles. It was noted that the acting manager is required to sign all records to confirm that the staff member has been deemed competent at the end of the probationary period.

It was identified that relief staff are not accessed from any other agencies and the inspector noted that if required, additional staff are accessed from a group of staff employed by the organisation. The person in charge could describe the process for ensuring that staff provided at short notice have the knowledge and skills to fulfil the requirements of the job role; this included ensuring that details of induction provided are retained.

Discussions with the person in charge indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual service users. The agency's staff rota information viewed by the inspector reflected staffing levels as described by the person in charge and staff; it was noted that the rota denoted the person in charge on each shift. It was identified that staff required to be in charge in the absence of the manager were required to complete competency assessments.

The inspector noted that a number of entries in the current staff rota had not been completed in ink; the person in charge stated that all entries are completed in ink following confirmation with staff members required to cover. The inspector viewed a number of previous staff rotas and noted that they had been completed in ink.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal. Records viewed by the inspector indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who met with the inspector confirmed that they had received supervision and appraisal and could describe the benefits.

It was identified that the agency maintains an individual record for all staff detailing dates of competency assessments, training completed and details of registration status with relevant regulatory bodies such as Northern Ireland Social Care Council (NISCC).

The agency has an electronic system in place for managing staff training; staff could describe the process for identifying gaps in training in conjunction with the acting manager and the organisations training department. The inspector noted that staff are required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. It was noted that training provided to staff is a combination of classroom based and E Learning.

The inspector viewed the agency's training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training.

Staff who spoke to the inspector stated that they felt that their training had equipped them with the knowledge and skills for their role; they stated that they discuss their training needs during their individual supervision and appraisal meetings and are supported to complete additional training to further enhance their knowledge and skills.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation has updated their policy and procedures to reflect information contained within the policy; the person in charge stated that the agency plans to provide information sessions for staff in relation to the updated procedures. The organisation has identified an Adult Safeguarding Champion (ASC); the person in charge could describe their key areas of responsibility. It was noted that the agency has provided information sessions for service users 'Keeping myself safe'. The agency's policy and procedures clearly detail the process for staff in reporting concerns.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the person in charge and records viewed it was identified that the agency has a system for retaining a record of referrals made to the HSCT safeguarding team in relation to alleged or actual incidences of abuse. Records viewed and discussions with the person in charge indicated that the agency has had three referrals since the previous inspection. Discussions with staff demonstrated that they had a clear understanding of safeguarding issues; staff could clearly describe the procedure to be followed which was noted to be in accordance with the agency's policy and procedures.

Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults. From training records viewed it was noted that staff are required to complete safeguarding vulnerable adults training during their induction programme, an online update annually and a classroom based update two yearly. Staff who spoke to the inspector demonstrated that they had knowledge of the agency's safeguarding procedures and whistleblowing policy.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's risk management policy outlines the procedure for assessing and reviewing risk; it details that comprehensive risk assessments and safety management plans are required to be completed in conjunction with service users. It was noted that service users are supported to participate in a six monthly review involving their HSCT keyworker and that care and support plans are reviewed six monthly or as required. The inspector noted that a number of service users have more frequent reviews in conjunction with their identified HSCT representative due to the nature of their individual needs. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly governance arrangements include an audit of risk assessments and any practices deemed to be restrictive.

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

Nine staff and six service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that care provided is safe.

Service users' comments

- 'I feel very safe living here.'
- 'It is excellent.'
- 'I love it here; I feel safe, I wasn't safe before'
- 'This is better than being on my own.'
- 'Staff are lovely.'

Staff comments

- 'I really like working here; I feel supported.'
- 'I feel the tenants are safe here.'
- 'Training is brilliant; I got induction and completed my IFF.'
- 'I shadowed other staff when I started.'

HSCT representative's comments

- 'Inspire are a good organisation; they have good processes.'
- 'Service users are supported to be independent and the feedback I get from them is excellent.'
- 'Staff enable service users to stay in the community.'
- 'I feel service users are safe; I have no issues or concerns about the care they receive.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

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 retention policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely and that the agency's offices are accessed via a keypad system. Staff indicated that they had received training relating to record keeping, confidentiality and data protection. On the day of inspection the agency's staff personnel and service users' records were noted to be retained securely and in an organised manner.

Staff could describe how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care plans; this was confirmed by a service user who met with the inspector. During the inspection the inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided in an electronic format and that the views and choices of service users are reflected.

Discussions with staff and records viewed indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by the agency's service manager and an action plan developed.

The inspector viewed records of quality monitoring visits and noted that there is evidence that the system is robust; it was noted that comments made by service users, and where appropriate their representatives were included. The record includes details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation, finance and of any practices which may be deemed as restrictive.

The person in charge could describe a range of ways in which the agency seeks to maintain effective working relationships with relatives, HSCT representatives and other stakeholders.

Discussions with staff, service users and relevant stakeholders and observations made during the inspection indicated that the agency has systems to promote effective communication between service users, staff and other key stakeholders. Observations of staff interactions with service users during the inspection indicated that they communicate appropriately with service users. Service users could describe the process for reporting concerns or complaints; the agency provides service users with details if advocacy services available. One HSCT representative that spoke to the inspector described ways in which agency staff engage effectively with HSCT professionals to endeavour to achieve positive outcomes for service users.

The agency facilitates monthly service user meetings in each of the service users' homes; service users who met with the inspector indicated that they are given opportunity to express their views and choices. The agency maintains a record of items discussed; they were noted to include the views of service users. Monthly staff meetings are facilitated; it was noted that staff are required to sign the minutes of the meetings to indicate that they have read and understood the matters discussed and the information provided.

Nine staff and six service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that care provided is effective.

Service users' comments

- 'Staff give me reassurance.'
- 'Staff help me get up and get a shower.'
- 'I am not as nervous living here.'

Staff comments

- 'Service users have full choice.'
- 'I requested to go on training and it was arranged.'

HSCT representative's comments

- 'Staff work very closely with us; it works well.'
- 'There are good processes in place.'

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 compassionate?

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

Discussions with service users, a HSCT representative and agency staff, and observations made by the inspector indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe examples of how they support service users to take positive risks to enable them to live a more fulfilling life. It was noted that staff have been provided with training and information in relation to human rights and confidentiality during their induction programme. The agency has provided service users with information relating to human rights and adult safeguarding.

The inspector noted from observations of staff interactions with service users during the inspection that staff endeavour to provide care in an individualised manner and strive to ensure that service users are encouraged and supported to make informed choices. It was noted that the agency has a range of information available in an alternative format to support service users if required. Service users who spoke to the inspector stated that staff support them in making decisions regarding the care and support they receive. Records of service user meetings reflected the involvement of service users and contained comments made by service users.

The inspector noted that comments made by service users and where appropriate their representatives were detailed throughout a range of the agency's documentation. Processes to effectively engage and respond to the comments and views of service users and where appropriate their representatives are maintained through the agency's complaints process, one to one meetings with service users, monthly quality monitoring visits, six monthly care review meetings involving HSCT keyworkers, stakeholder and service user satisfaction surveys and monthly tenant 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 learning outcomes and areas for improvement.

Observations made by the inspector during the inspection indicated that service users are encouraged to make choices regarding their individual daily routine and activities. The inspector noted that service users could speak to staff at any time.

Nine staff and six service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that care provided is compassionate.

Service users' comments

- 'Staff listen to me.'
- 'I like going out with staff; we go shopping, walking and to the cinema.'
- 'I go to day care twice per week; I have friends there.'

- ‘I have choice; I make my own decisions.’
- ‘I take my tablets myself.’
- ‘I am very happy here.’

Staff comments

- ‘Care is individualised.’
- ‘Service users can come and go as they please; they are encouraged to be independent.’

HSCT representative’s comments

- ‘Communication is good; staff keep us fully informed of any changes or concerns.’

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 the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has implemented robust systems of management and governance. The agency is managed on a day to day basis by the acting manager supported by a team of senior project workers and support staff. Since the last inspection the registered person informed RQIA of a change in management arrangements within the agency. RQIA has reviewed the information provided in relation to the management arrangements and is satisfied that they are appropriate.

The agency has in place a range of policies and procedures as detailed within the minimum standards; they are retained in an electronic format; one staff member demonstrated to the inspector the process for accessing policies and facilitated the inspector in viewing a number of the agency’s policies and procedures. A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards. The inspector noted that the agency had a process where staff are required to access the organisation’s policies and to indicate they have read them.

The agency’s complaints policy clearly outlines the procedures and timescales for managing complaints. Staff stated that they had received training in relation to complaints management during their induction; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. One service user who spoke to the inspector could describe the process for making a complaint or raising concerns. It was identified from records viewed that the agency has received three complaints since the previous inspection and that they have acted in accordance with their policies and procedures when dealing with complaints. The agency has systems in place for auditing and reviewing complaints on a monthly basis with the aim of improving the quality of service provided to service users.

There are management and governance systems in place within the agency to promote and drive quality improvement. Discussions with the person in charge indicated that the agency’s governance arrangements promote the identification and management of risk; these include

provision of and review of relevant policies and procedures, monthly audit of compliments and complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA. During the inspection the inspector viewed records that would evidence that staff receive appropriate staff induction, training, supervision and appraisal. Staff could describe the benefits of continually reviewing the quality of the services provided in identifying areas for improvement and highlighting good practice.

The inspector identified from records viewed and discussion with agency staff and a HSCT representative that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

Staff had a clear understanding of the responsibilities and requirements of their job roles; service users who met with the inspector were aware of staff roles and knew who to talk to if they needed support. Staff could describe the process for obtaining guidance and support including arrangements for out of hours; they stated that the acting manager and senior staff are supportive, approachable and willing to listen to their comments.

The person in charge stated that all staff are required to be registered with NISCC or other regulatory bodies as appropriate; it was noted that the agency's policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the HR department. Records viewed by the inspector indicated that staff currently provided by the agency are registered appropriately. Discussions with the HR manager previous to the inspection and information detailed within the agency's policy and procedure provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

Nine staff and six service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that the service is well led.

Service users' comments

- 'The manager and staff are good.'

Staff comments

- 'I feel there is a proactive approach here; things are followed through.'
- 'The manager and seniors are approachable.'
- 'We have good teamwork.'
- 'I feel listened to; supervision is really good.'
- 'We have a monthly staff meeting; we can contribute to the discussion.'

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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