

Unannounced Care Inspection Report 30 December 2019



The Gateway Social Investment Ltd T/A Flourish Care

Type of Service: Domiciliary Care Agency
Address: Site 9, Unit 6, Pennybridge Industrial Estate,
Ballymena, BT42 3HB
Tel No: 028 256 65864 or 07809 260380
Inspector: Jim McBride

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

The Gateway Social Investment Ltd/ TA Flourish Care Ltd currently offers a seniors care and companionship service, available 365 days per year, which provides a range of services to enable adults to continue to live in their own home. This service takes into consideration all existing circumstances; whether the client lives alone, are part of a married couple or if they live with other family members. They endeavor to do whatever it takes to ensure that clients are able to continue living independently in their own home, safely. Flourish Ltd also offers provides a wide range of personal care.

3.0 Service details

Organisation/Registered Provider: The Gateway Social Investment Ltd T/A Flourish Care Responsible Individual: Norma McKinney	Registered Manager: Norma McKinney
Person in charge at the time of inspection: Norma McKinney	Date manager registered: Norma McKinney – 19/04/2018

4.0 Inspection summary

An unannounced inspection took place on 30 December 2019 from 09.45 to 12.15.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

Evidence of good practice was found throughout the inspection in relation to staff training and development, adult safeguarding and risk management. The care records were well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

It was clear that the agency promotes the service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

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 Norma Mc Kinney registered 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.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- Previous RQIA inspection report from 25 March 2019.
- All correspondence received by RQIA since the previous inspection.

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 provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. One response was received prior to the issuing of this report and the respondent was satisfied with the current service.

Comment:

- "Find this job very rewarding and challenging at the same time. Great staff and manager goes above board, always happy to help. Really enjoy working for this company."

Ten questionnaires were also provided for distribution to the service users and/or their representatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well led care. No questionnaires were returned prior to the issuing of this report.

During the inspection process the inspector spoke with the manager and one staff member. The inspector had the opportunity to talk with service users and relatives by telephone. The overall perception of the service was good and no one communicated with had any concerns. The comments received were positive.

Comments from service users and relatives:

- "Excellent girls they are all friendly and caring to my *****."
- "They are reliable and always spend quality time with me."
- "They are helpful and supportive."
- "It's a good service I have no complaints."
- "Approachable and friendly."
- "Very caring."
- "Always reliable and will go beyond their job."

Staff comments during inspection:

- "A good company."
- "Staff communicate well with each other."
- "Good training and its good we can chat with each other."
- "Supervision is one to one and is private."

- “The clients are treated very well.”
- “If I had a problem, I would discuss it with my manager.”
- “It’s a good friendly environment for clients.”

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

The inspector would like to thank the registered manager, service users, service users’ relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Inspection findings

6.2 Is care safe?

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

Service users and relatives felt they were treated with respect. Relatives stated that they were confident service users were safe and well cared for.

At the time of the inspection, the agency had a registered manager in post, who manages the agency with the support of a number of domiciliary care staff. Discussion with the manager and the examination of records show there was sufficient staff to meet service user needs safely. The manager stated that relevant employment checks were carried out prior to staff providing care to service users. Records in place verified this.

Spot checks are carried out by the quality manager to ensure quality and competency of staff. A number of these checks were reviewed and records in place were satisfactory.

Service users and relatives spoke positively about care workers and the service. They stated that they were satisfied with the level of care provided and how the service is provided. Service users stated they were treated with respect and dignity. Relatives told the inspector that they were confident that their relatives were safe in the presence of care workers and were well looked after.

A review of records confirmed that a robust system is in place to monitor the registration status of staff in accordance with the Northern Ireland Social Care Council (NISCC), the inspector noted that all staff records were satisfactory, relating to registration.

Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role.

New staff receive a structured induction programme in line with the timescales outlined within the regulations. Discussions with the manager and staff confirmed that this included a shadowing period with other experienced staff. This practice allows the service user to get to know staff and to start building relationships, whilst including them in the process.

A review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date. It was good to note that additional training had been provided. There were systems in place to monitor staff performance and to ensure that they received support and guidance. Additional training included, GDPR, Human rights, Dementia care and Restrictive practice.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the registered person within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. It was noted that the adult safeguarding champions' position report will be formulated for 2020 and made available for review. From the date of the last care inspection there had been no incidents referred to the relevant HSCT in relation to adult safeguarding.

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. Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users and/or their representatives.

Service users received a full comprehensive assessment in conjunction with their families prior to receiving a service. The agency provides core locality teams of staff that supported them, allowing a better understanding of the person and enabling their needs to be met in as consistent a way as possible.

Risk assessments included details of the potential risk and the level of risk. Risk assessments were personalised and included information specific to each person and their needs. The records evidenced that the agency had achieved an appropriate balance between promoting autonomy and maintaining safety.

Service user care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Is care effective?

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

Staff had completed relevant training to enable them to care for service users. Staff were supervised and felt well supported by management. Evidence reviewed highlighted that care needs and choices were assessed and responded to appropriately.

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide (2019). The agency's arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans included information about people's preferred communication. Care and support plans had been signed by service users or their representatives to indicate that they had been involved in their care and had agreed to it. It was noted that where care support plans had been reviewed, the updated documents had been signed.

The agency has in place robust arrangements for identifying and managing service failures in a timely manner including missed or late calls.

It was noted within those service users' records examined that the agency completed service user quality monitoring visits. The records evidenced no concerns expressed by the service users during the monitoring visits. These visits identified that service users are valued as individuals and are listened to and what is important to them is viewed as important by the agency.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. The evidence of effective communication supports the protection and promotion of individualised and person centred care for service users.

Areas of good practice

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

6.4 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 service was providing care in a compassionate manner. Service users and relatives spoken with stated that they were satisfied that the care and support provided by the service was compassionate.

Discussions with the staff and manager and the review of training records indicated that values such as choice, dignity and respect were embedded into the culture of the organisation.

The manager identified the need to continually communicate with service users and to ensure staff were respectful of the fact they were working in service users' homes.

Upon commencement of a service, service users are provided with a copy of the agency's service user guide, which informs service users' of the standards and core values required to be maintained by care staff and highlights, how service users can raise a concern or complaint if necessary, regarding the quality of care. Service users are also provided with complaints information to use should they wish to raise a concern.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the agency's ethos of encouraging feedback from service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 service was well-led and had a system in place to check and monitor various aspects of the service provided. The service had a clear structure in place with a team of care workers, office staff, the registered manager and other support staff.

The inspection assessed the agency's arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

The current registration certificate was up to date and displayed appropriately. Discussions with staff evidenced a clear understanding of their roles and responsibilities within the management structure.

In addition, discussion with the manager confirmed that they had a good understanding of their role and responsibilities under the legislation. Discussion with the manager evidenced that there was clear leadership provided by the manager which resulted in a shared team culture, the focus of which was how they could make things better for service users.

The manager has a system to monitor compliance with the timescales for staff supervision and there was evidence that staff had received supervision and where applicable appraisal.

As part of the agency's review of compliance with the new General Data Protection Regulation (GDPR), the manager advised that staff training has been completed with regards to GDPR to help staff understand and be aware of recent changes in this area.

The manager advised there were a range of policies and procedures in place to guide and inform staff. A review of a sample of policies and procedures evidenced that they had been updated within required timescales. The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of service users. These addressed topics such as complaints, safeguarding, whistleblowing and confidentiality.

The complaints policy/procedure was noted to clearly define the agency's complaints process and provided details of external organisations which the complainant could contact if they remained dissatisfied with the agency's complaints process. Policies were maintained in a manner that was easily accessible by staff in the office or electronically.

The agency maintained a complaints and compliments record, which was audited on a monthly basis. The manager demonstrated good awareness of the agency's complaints procedure. A review of the agency's complaints records since the last inspection evidenced that the agency had received no complaints, but had received a number of compliments about staff who provided a good service.

The manager discussed her commitment to driving improvement in the service through provision of a consistent staff group to support service users. The manager described the importance placed on supporting and valuing staff to develop and improve skills and knowledge base. This provided effective governance and communication with clear lines of accountability and responsibility.

Discussion with the manager confirmed that staff meetings are held regularly. A review of team meeting minutes in 2019 noted that staff discussed and were given advice on:

- NISCC
- Training
- Service user updates
- GDPR
- Rotas.

The inspector discussed the arrangements in place to ensure staff were registered with the relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates are monitored by the manager. The manager advised that staff were aware that any lapse in their registration would result in the staff member being unable to work within the agency until their registration was suitably updated.

The inspector confirmed that monthly quality monitoring reports were available for review since the last care inspection. The inspector noted some of the comments received from Service users, Staff and Relatives:

Service users:

- "I'm happy with the girls."
- "It's great and the girls are lovely."
- "The girls are helpful."
- "It's a great service and I'm happy with it."

Staff:

- “I feel 100% supported within the company.”
- “The level of training is good.”
- “I’m very proud of the company.”
- “The service is good and I see how it has improved over the years.”

Relatives:

- “I’m happy with the service and I like all the girls.”
- “The service is good it’s excellent.”
- “The staff are great working with my *****.”
- “I have no complaints or concerns with staff.”

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 advised that the agency provides access to specific training. The importance of this was inherent within all training and the supervision process.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data provided is used with individual service user consent to provide person centred care.

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

- Effective communication
- Service user involvement
- Adult safeguarding
- Advocacy
- Equity of care and support
- Individualised person centred care
- Disability awareness.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints, training and care planning.

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.



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