

Unannounced Care Inspection Report 31 July 2017



Hollylane Supported Living Accommodation

Type of Service: Domiciliary Care Agency

Address: Gransha Park, Clooney Road, Londonderry, BT47 6TF

Tel No: 028 71860261 Ext 217863

Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

HollyLane is a domiciliary care agency, supported living type service based in Gransha Park, Londonderry. The agency provides single person accommodation for up to the sixteen service users with mental health needs. The WHSCT is the main provider of care and support.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual: Mrs Elaine Way CBE	Registered Manager: Mr George Walker
Person in charge at the time of inspection: Senior Support Worker	Date manager registered: 26/08/2016

4.0 Inspection summary

An unannounced inspection took place on 31 July 2017 from 09.15 to 13.30. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Quality monitoring
- Service user engagement
- Staff training.

Several areas were identified for improvement and development. These included updating the trust adult safeguarding policy and procedure in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The current statement of purpose and service users guides, incident reporting and the availability of records.

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	4	1

Details of the Quality Improvement Plan (QIP) were discussed with a senior support worker on duty and with the registered manager following the inspection as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

No further actions were required to be taken following the Pre-Registration inspection on 8 July 2016.

5.0 How we inspect

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

- Discussion with two senior support workers
- Discussion with the registered manager following the inspection
- Examination of records on site and those forwarded to RQIA on request
- Evaluation and feedback.

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous RQIA inspection report (Pre-Registration)
- Any correspondence received by RQIA since the previous inspection.

Prior to the inspection an inspector visited that agency's Human Resources (HR) department to review the agency's individual staff recruitment records; details of the findings are included within the report.

During the inspection the inspector spoke with two senior care staff member regarding the care and support provided by the agency, staff training and staff's general knowledge in respect of the agency. The inspector would like to thank the agency staff for their warm welcome and full co-operation throughout the inspection process.

Following the inspection on the 31 July 2017, the inspector spoke with the registered manager on the 7 August 2017 and requested a number of records that were not available during inspection to be forwarded to the RQIA. The requested records were received by RQIA on the 9 & 10 of August 2017.

The senior staff were provided with 10 questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requested their return to RQIA. Two staff questionnaires were returned to RQIA. The inspector also asked staff to distribute ten questionnaires to tenant's. Eight questionnaires were returned. Further detail of feedback is included throughout this report.

The following records were examined during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff training records including:
 - Safeguarding
 - Conflict resolution
 - Record keeping
 - Lone working
 - Risk assessments
 - MAPA

- Needs assessment
- Human rights
- Professional boundaries
- Complaints records
- Records relating to adult safeguarding
- Staff rota information.

Records requested to be forwarded to RQIA following the inspection:

- Adult safeguarding Policy
- Records relating to staff supervisions
- Records relating to staff appraisals
- Staff meeting minutes
- Staff induction records
- Incident updates
- Service user reviews
- Statement of purpose
- Service user guide.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 July 2016

The most recent inspection of the agency was an announced pre-registration inspection.

There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

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

During the inspection the inspector reviewed that agency's processes in place to avoid and prevent harm to service users; this included a review of staffing arrangements in place within the agency.

It was identified that the agency's staff recruitment process is managed by the organisation's HR department. Prior to the inspection an inspector visited the HR department on the 26 June 2017 and examined a number of individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed.

Records viewed by the inspector indicated that there are effective recruitment systems in place to ensure that staff are not provided for work until required checks have been satisfactorily completed.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The agency has not developed a revised policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'); an area for improvement has been stated.

A range of policies and procedures were reviewed relating to staff recruitment and induction. The inspector found these policies to be up to date and compliant with related regulations and standards. However, no records were available for inspection and were forwarded to RQIA following the inspection. The records received were satisfactory.

Staff spoken with during the inspection, where knowledgeable regarding their roles and responsibilities in regard to safeguarding, but were unfamiliar with the new regional guidance and revised terminology. The adult safeguarding champion (ASC) was not detailed within the current policy and procedure which has been stated for review.

Staff training records viewed for 2016-17 confirmed all staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas. Training is facilitated through the HSC Trust training team. Discussion during inspection with staff confirmed satisfaction with the quality of training offered.

Records of supervision and appraisal were not available during the inspection; an area for improvement has been stated. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes. The records received following the inspection confirmed supervision and appraisal has taken place.

The senior support worker confirmed that the agency implements an ongoing quality monitoring process as part of their review of services.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment and training.

Eight returned questionnaires from service users indicated that:

- Feel safe and protected from harm
- They can talk to staff if they are unhappy or have any concerns
- The care received helps you feel safe
- Staff are trained to meet their needs.

Two returned questionnaires from staff indicated:

- They feel that service users are safe and protected from harm
- There are risk assessments and Care Plans in place for the people who use the service
- Feel they receive appropriate training for their role

- They receive supervision and appraisal.

Areas for improvement

A number of areas for improvement were identified during the inspection and included procedural updates in compliance with safeguarding regional procedures. The availability of records has been identified for improvement to ensure compliance with the required regulation.

	Regulations	Standards
Total number of areas for improvement	4	1

6.4 Is care effective?

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

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.

During the inspection the inspector reviewed the agency's arrangements for appropriately responding to and meeting the assessed needs of service users. Following inspection it was noted that the agency's Statement of Purpose and Service User Guide detail the nature and range of services provided, however, both documents require to be reviewed and the contact details updated. An area for improvement has been stated.

The agency has systems in place to monitor, audit and review the effectiveness and quality of care provided to service users. The inspector viewed the records of quality monitoring visits completed by a senior manager and the action plans developed; they indicate that the system is effective in identifying areas for improvement. Records of quality monitoring visits viewed during the inspection were noted to include comments made by service users and where appropriate their representatives. The records included details of the review of accidents, incidents, staffing arrangements, record keeping and financial management arrangements.

Comments received during the monthly quality monitoring:

Service users' comments:

- "I really like it here"
- "There's great support from the staff"
- "I love my home"
- "I like having my independence"
- "Staff give assistance with what I need"
- "Staff are supportive and helpful"
- "Big step from where I was before."

Relative's comments:

- "My ***** has never been as well"
- "I'm very happy with my ***** care"
- "This is a great place for my *****. Independence and company of others"
- "My***** benefits from the care and support received"

- “**** is getting every benefit living here.”

Staff Comments:

- “The standard of care is good”
- “No worries”
- “I love working here”
- “This is a great opportunity for people with mental health difficulties”
- “The standard of support is very high.”

HSC Trust representatives’ comments:

- “Care and support is very good”
- “It’s great to have independent accommodation for clients”
- “Staff are always professional”
- “Great individualised care and support planning is provided to clients.”

The agency’s systems to promote effective communication between service users, staff and other key stakeholders were reviewed during the inspection. Observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users.

The agency facilitates service user meetings; the inspector noted that they are provided with the opportunity to express their views. The inspector noted some of the areas for discussion during service users meetings:

- Support plan reviews
- Fire safety
- Security
- Medication.

Staff could describe a range of methods used to develop and maintain effective working relationships with the HSC Trust representatives and other relevant stakeholders.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders and the monitoring of the quality of the services provided.

Eight returned questionnaires from service users/relatives indicated that:

- Were aware of systems in place to monitor the quality/safety of the service they receive
- They were involved in a review of their care needs.

Two returned questionnaires from staff indicated that:

- Service users get the right care, at the right time and with the best outcome for them
- Service users involved in the development of their plan of care.

Areas for improvement

The registered person is required to update the agency's current Statement of purpose and Service user guide. A number of areas for improvement were identified during the inspection and have been stated here and under the previous section: Is care safe?

	Regulations	Standards
Total number of areas for improvement	4	1

6.5 Is care compassionate?

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

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.

Service user records viewed included referral information received from the appropriate referring professionals and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments as necessary.

The reviews completed by the agency annually with the HSC Trust were not available during inspection, however, details of planned reviews were forwarded to RQIA following the inspection and the records received were satisfactory.

The service user guide/handbook was reviewed following the inspection and requires review in accordance with legislation. An area for improvement has been stated.

The agency maintains recording sheets in each service users' home file on which support staff record their visits. The inspector reviewed completed records during inspection and found good standards of recording.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their managers if any changes to service users' needs are identified. Staff interviewed discussed ongoing quality monitoring of service users' needs to ensure effective service delivery. Staff described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect.

Areas of good practice

There were examples of good practice found during the inspection in relation to support provided by staff and communication between service users, agency staff and other key stakeholders.

Eight returned questionnaires from service users/relatives indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care
- Their views and opinions were sought about the quality of the service

- The care you receive meets needs and expectations.

Comments:

- “Staff are all good with my care and are always there when I need them at night.”

Two returned questionnaires from staff indicated that:

- Service users are treated with dignity and respect and involved in decisions affecting their care
- They were satisfied that the people who use the service have their views listened to
- They were satisfied that improvements are made in line with the views of the people who use the service
- They were satisfied that the agency provides the people who use the service with information on their rights, including the choices and decisions they can make about the service they receive.

Areas for improvement

A number of areas for improvement were identified during the inspection and have been stated here and under the previous sections: Is care safe? Is care effective?

	Regulations	Standards
Total number of areas for improvement	4	1

6.6 Is the service well led?

Effective leadership, management and governance which create a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager, Mr George Walker, and a number of support staff the agency provides domiciliary care/supported living for a number of adults living at Hollylane.

Discussion with the senior support worker and staff evidenced that there was a clear organisational structure within the agency.

The agency’s complaints information viewed was found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints log was viewed for 2016-2017 to date, with no complaints arising. Discussion with the senior support worker confirmed that systems were in place to ensure that notifiable events were investigated; however a number of incidents examined may not have been reported to RQIA or other relevant bodies’ appropriately this was confirmed by the manager following the inspection; an area for improvement has been identified.

The inspector reviewed the monthly monitoring reports for January, April, May and June 2017. Monthly monitoring was found to be in accordance with minimum standards with input from service users, relatives, staff members and the HSC trust.

Staff confirmed they are kept informed regarding service user updates/changes. Staff also stated they are kept informed when update training is required. Staff discussed supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

The inspector was informed by the senior support worker that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that staff required to be registered with The Northern Ireland Social Care Council NISCC and this was confirmed by the senior support worker. Procedures were also discussed to ensure staff renewing registration is kept under review.

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to monthly monitoring processes and maintaining good working relationships with all key stakeholders.

Eight returned questionnaires from service users indicated that:

- They feel the service is managed well
- They were satisfied that any concerns or complaints would be listened to and responded to.

Comments:

- “Everyone is very good with my wellbeing.”

Two returned questionnaires from staff indicated that:

- The service is managed well
- They were satisfied that quality monitoring is undertaken regularly for both staff and people who use the service
- Were satisfied that complaints from the people who use the service are listened to
- Were satisfied that the current staffing arrangement meets the service user’s needs.

Areas for improvement

A number of areas for improvement were identified during the inspection including incident reporting and other areas have been stated under the previous sections: Is care safe? Is care effective? Is care compassionate?

	Regulations	Standards
Total number of areas for improvement	4	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the senior support worker and the registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Agencies.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



A completed Quality Improvement Plan from the inspection of this service is not yet available.

If you have any further enquiries regarding this report please contact RQIA through the e-mail [address info@rqia.org.uk](mailto:info@rqia.org.uk)

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 21(1)</p> <p>Stated: First time</p> <p>To be completed by: 01 October 2017.</p>	<p>21.—(1) The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>(b) retained for a period of not less than eight years beginning on the date of the last entry; and</p> <p>(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <p>This area for improvement relates to agency records that were not available during the inspection of the 31 July 2017.</p>
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Response by registered person detailing the actions taken:

<p>Area for improvement 2</p> <p>Ref: Regulation 15 (12) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 01 October 2017</p>	<p>(12) The procedure referred to in paragraph (6)(a) shall in particular provide for—</p> <p>(a) written records to be kept of any allegation of abuse, neglect or other harm and of the action taken in response; and</p> <p>(b) the Regulation and Improvement Authority to be notified of any incident reported to the police, not later than 24 hours after the registered person—</p> <p>(i) has reported the matter to the police; or</p> <p>(ii) is informed that the matter has been reported to the police.</p> <p>This area for improvement refers to records in place during the inspection of the 31 July 2017 that may have been required to be reported to the relevant agencies. The registered person must review these records and report as required.</p>
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Response by registered person detailing the actions taken:

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 3</p> <p>Ref: Regulation 6</p> <p>Stated: First time</p> <p>To be completed by: 01 October 2017</p>	<p>6.—(1) The registered person shall produce a written service users' guide which shall include—</p> <p>(a) a summary of the statement of purpose;</p> <p>(b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate;</p> <p>(c) a summary of the complaints procedure established in accordance with regulation 22; and</p> <p>(d) the address and telephone number of the Regulation and Improvement Authority.</p> <p>(2) The registered person shall supply a copy of the service users' guide to the Regulation and Improvement Authority and every service</p>
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	<p>user and, upon request, to the service users' representative.</p> <p>This area for improvement relates to the current service users guide. The registered person must update the contact details including the relevant telephone contact details.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 5 (1) (2)</p> <p>Stated: First time</p> <p>To be completed by: 01 October 2017</p>	<p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 5</p> <p>Ref: Standard 14.1</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2017</p>	<p>5.—(1) The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as “the statement of purpose”) which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>(2) The registered person shall supply a copy of the statement of purpose to the Regulation and Improvement Authority and shall make a copy of it available on request for inspection at the agency Premises by every service user and the service user's representative.</p> <p>This area for improvement relates to the current statement of purpose. The registered person must update the contact details including the relevant telephone contact details.</p> <p>Response by registered person detailing the actions taken:</p>
	<p>Response by registered person detailing the actions taken:</p>

Please ensure this document is completed in full and returned to Agencies.Team@rqia.org.uk from the authorised email address



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