

Unannounced Care Inspection Report 21 May 2019



Beechway Houses

Type of service: Domiciliary Care Agency
Address: Shepherds Way, Dungiven Road Londonderry BT47 5GW
Tel No: 02871312627
Inspector: Aveen Donnelly
Observer: Bridget Dougan

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

Beechway Houses is a domiciliary care agency (supported living type) located in Londonderry, which supports up to 16 service users, whose care is commissioned by the Western Health and Social Care Trust.

Service users reside in two bungalows; the agency's office is situated adjacent to the homes of the service users and accessed from a separate entrance. Staff are available 24 hours per day to provide care and support to service users to assist them in maintaining their tenancy, live as independently as possible and be involved in the local community.

3.0 Service details

Organisation/Registered Provider: Responsible Individual: Sheila Mc Callion	Registered Manager: Delma Lorraine McCurry
Person in charge at the time of inspection: Delma Lorraine McCurry	Date manager registered: 15/06/2017

4.0 Inspection summary

An unannounced inspection took place on 18 April 2019 from 09.30 to 14.15.

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 seek 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.

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.

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. The care records were well maintained and there was evidence that the agency engaged well with the service users. There were many examples of good practice identified throughout the inspection in relation to the provision of compassionate care. There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident throughout the inspection that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, choice, dignity, confidentiality and service user involvement.

No areas for improvement were identified.

Service users indicated that they were happy with the care and support provided.

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 Delma McCurry, manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 01 May 2018

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

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

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.

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. No staff responded.

Questionnaires were also provided for distribution to the service users and their representatives; seven were returned and details of the responses are included within the report.

The inspector spoke with three service users, four staff members and three relatives. Comments received are included within the body of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 01 May 2018

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

6.2 Review of areas for improvement from the last care inspection dated 01 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (d) Schedule 3 Stated: First time	The registered person shall ensure that no domiciliary worker is supplied by an agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.	Met
	Action taken as confirmed during the inspection: A matrix was maintained which evidenced compliance with this area for improvement.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 10.4 Stated: First time	The registered person shall ensure that the information held on record is accurate, up to date and necessary. This relates specifically to the agency's staff rota information.	Met
	Action taken as confirmed during the inspection: The staff rota was maintained in keeping with good practice.	

<p>Area for improvement 1</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry. They are kept in a safe place in the service user's home, as agreed with the service user, or where appropriate his or her carer/representative.</p> <p>Action taken as confirmed during the inspection: Records were maintained appropriately.</p>	<p>Met</p>
<p>Area for improvement 1</p> <p>Ref: Standard 9.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p>This relates specifically to the agency's Disciplinary and Equality and Diversity policies.</p> <p>Action taken as confirmed during the inspection: The policy in relation to Equality and Diversity had been updated in November 2018.</p>	<p>Met</p>

6.3 Inspection findings

6.4 Is care safe?

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

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the organisation's head office. As discussed in section 4.2, a matrix was available, which evidenced compliance with regulation in respect of all pre-employment checks.

Staffing levels were consistently maintained and there were no concerns raised with the inspector in relation to the service users' needs not being met. One relative spoken with commented to the inspector, in relation to the frequent changes in staffing and that he felt that there was a high use of bank staff. The manager discussed recent staffing difficulties due to staff' sick leave and advised that efforts had been made to block book agency staff from other domiciliary care agencies; to ensure that they were familiar with the service users' needs. Recruitment efforts were ongoing.

New employees were required to complete an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The review of the induction workbook verified that staff were provided with an induction period which exceeded the timescales outlined within the Regulations.

There was a rolling programme of training, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes. It was good to note that additional training had been provided to staff in areas such as Advanced Makaton sign language, human rights, equality and diversity, confidentiality, data protection and the Management of Actual or Potential Aggression (MAPA).

The manager also maintained information on staff from other domiciliary care agencies, to evidence their compliance with recruitment practices, professional registration and mandatory training requirements.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records confirmed that any potential safeguarding incidents had been referred appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that there is an identified ASC within the organisation and a number of deputy ASC's. The Annual Position Report had also been completed.

The organisation had a safeguarding working group which meets bi-annually. A Safeguarding Newsletter is also published three times per year, in which important information about safeguarding matters is included. The newsletter focused on institutional abuse and aimed to refresh everyone's understanding of safeguarding topics and procedures. Case studies were also included in the newsletter. An annual safeguarding awareness event has also been planned to take place later this year. This is good practice and is commended.

The review of the minutes of service users meetings identified that road safety had been discussed with the service users. The importance of keeping their mobile phone with them at all times when away from the home was also reiterated to them, to ensure that they could call for assistance if needed. It was good to note that the service users' understanding of safeguarding had also been discussed during the service users meetings.

The inspector reviewed a sample of accident and incident records and confirmed that they had been managed appropriately. These areas were reviewed by the management team as part of their quality monitoring processes. The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the manager was advised to identify any potential challenges to this and to liaise with the relevant trusts, as appropriate.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. The inspector was advised that there were no restrictive practices in use within the agency.

Care records and information relating to service users were stored securely and accessible by staff when needed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding 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

6.5 Is care effective?

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

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information and risk assessments.

The care plans reviewed identified that consideration had been given to the service users' human rights. This related particularly to, but was not limited to, the service users' rights to privacy and dignity; personal choices and autonomy.

Care plans had been developed to guide staff on how best to communicate with service users who had difficulty communicating. Picture cards were available to assist staff in ascertaining the service users' preferences. Service users also had a Hospital Passport developed, which could be used to help hospital staff understand the service users' needs, should they ever need to be hospitalised.

Information on relevant medical conditions was included in the service users' care records; this ensured that the staff would be knowledgeable in relation to particular conditions and how best they could support the service users.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders.

Service user' and staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. This included consultation with a range of service users, relatives, staff and where appropriate HSC Trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 organisation's principles of care were included in the staff induction workbook. This clearly identified to staff, the organisations' expectation in relation to treating service users as individuals, promoting their human rights and respecting their right to privacy, dignity and respect, promoting independence and maintain confidentiality.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on equality and diversity.

Discussions with the service users, staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle. Plans were also in place to support the service users in attending Learning Disability Pride which will take place in the summer.

Some of the other 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
- individualised risk assessments
- disability awareness.

Records of service user meetings and reports of quality monitoring visits indicated the agency had systems for regularly engaging with service users and where appropriate relevant stakeholders.

Staff spoken with were aware of issues relating to consent. It was noted that consent had been sought from all service users, in relation to staff holding keys to their doors. Consent was obtained in relation to sharing sensitive information and for the staff to contact relatives in relation to changes in health needs or changes in the care plan.

The agency had a number of documents which had been developed in 'easy read' format. Advice was given in relation to including these within the service users' care record, as appropriate to the needs of the service users. The manager welcomed this advice and agreed to address this. It was good to note that the senior support worker commenced working on this during the inspection.

Participation in activities in the local and wider community were encouraged, with appropriate staff support; it was good to note that the service users were involved in planning the activities they wished to partake in. The manager gave examples of individual service users who were supported to go to discos, concerts, cinemas, shopping trips and meals out. A number of service users had attended a religious shrine and plans were in place for the service users to go to Euro Disney. It was good to note that the service users were involved in planning the activities they wished to partake in.

The inspector spoke with three service users, who indicated that they were happy living in Beechway Houses.

The inspector also spoke with four staff members and three relatives. Some comments received are detailed below:

Service users' representatives

- "I have no issues."
- "No complaints."
- "Staff are polite."

One relative consulted with spoke at length with the inspector, in relation to a specific issue. This matter was relayed to the manager for review and action as appropriate.

Staff

- "I love my job, in that I can see that I make a difference."
- "It is very good."

Staff spoken with during the inspection gave examples of the different ways they treated service users them with respect and dignity. Staff spoken with felt that they had contributed to the service users moving from a certain level of dependence towards being independent; an example being that a service user could now get a drink for themselves, where they had previously been unable to do this. One staff member described how a service user, who did not talk much sang a song recently along with the staff member.

The returned questionnaires from six service users and one relative indicated that that they were satisfied that the care was safe, effective and compassionate; and that the service was well led. One written comment relating to a specific request was relayed to the manager for review and action as appropriate.

Areas of good practice

There were other examples of good practice identified throughout the inspection in relation to the provision of individualised care and engagement with service users with the aim of promoting the safety of service users and improving the quality of the service provided. The agency promoted the involvement of service users, particularly in relation to its Focus Group.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 agency is managed on a day to day basis by the manager, with the support of two senior support workers and a team of care staff. It was identified that the agency has effective systems of management and governance in place.

The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

There had been a small number of complaints received from the date of the last inspection and these were deemed by the inspector to have been managed appropriately and in accordance with legislation, standards and the agency's own policies and procedures. All those consulted with were confident that staff/management would manage any concern raised by them appropriately. It was noted that service users were reminded of how they could make a complaint in the service users' meeting and feedback cards were available.

The inspector reviewed the evidence available in respect of a serious adverse incident (SAI's) that had been investigated by the Western Health and Social Care Trust. It was good to note that a debriefing session had been held with other service users, who had been indirectly involved in the incident. Review of the action plan identified that the areas identified had been followed up. Discussion took place in relation to the timeliness of the specific training which staff had received and the benefits of discussing real life scenarios with staff, to further develop their skills in this area. The manager welcomed this advice and agreed to address this going forward.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). A review of the records confirmed that all staff were currently registered with NISCC or with the Nursing and Midwifery Council. The manager confirmed that information regarding registration and renewal dates were maintained by the agency.

The staff induction workbook provided new staff with information on the NISCC Induction Standards and provided them guidance on where they could get information to meet the standards. Information was also given to the manager in relation to the new Learning Zone, created by NISCC, which aims to provide registrants with a range of learning tools and information guides. The manager welcomed this information and agreed to share this with the staff.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

The inspector was advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency's policies and procedures:

- care and support records
- service user' finances
- medicine records
- environmental audits
- health and safety audits
- laundry audits
- cleanliness audits.

Processes for engaging with and responding to the comments of service users and their representatives were also evident within the agency's annual quality service user surveys.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in hard copy and in electronic format and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the relevant HSC Trust representatives, families of the service users and staff. The agency had received positive feedback through the quality monitoring report from HSC trust' representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, choice, dignity, confidentiality and service user involvement.

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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