

Unannounced Care Inspection Report 01 May 2018



Beechway Houses

Type of service: Domiciliary Care Agency
Address: Shepherds Way, Dungiven Road Londonderry BT47 5GW
Tel No: 02871312627
Inspector: Joanne Faulkner

www.rqia.org.uk

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 supported living type domiciliary care agency located in Londonderry. 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

Registered organisation/registered person: Apex Housing Association/Gerald Kelly	Registered manager: Delma Lorraine McCurry
Person in charge of the home at the time of inspection: Delma Lorraine McCurry	Date manager registered: 15/06/2017

4.0 Inspection summary

An unannounced inspection took place on 1 May 2018 from 10.00 to 15.45.

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

The inspection determined 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:

- Communication with service users and relevant stakeholders;
- Staff induction and training;
- Quality monitoring systems;
- Governance arrangements;
- Provision of care in a person centred manner;
- Service user involvement.

Four areas requiring improvement were identified in relation to record keeping, policies and procedures and information retained by the agency in relation to domiciliary care workers.

The comments of service users have been included in the relevant report sections.

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.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Delma McCurry, registered manager, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 23 May 2017

No further actions were required to be taken following the most recent inspection on 23 May 2017.

5.0 How we inspect

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

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

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

- Discussion with the registered manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

During the inspection the inspector met with the registered manager, five service users and three staff.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- 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 adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Training and Development Policy

- Supervision Policy
- Disciplinary Policy
- Safeguarding Vulnerable Adults Policy
- Confidential Reporting Policy
- Complaints Policy
- Data Protection Policy
- Statement of Purpose
- Service User Guide

Questionnaires were provided during the inspection for completion by service users and /or relatives; no questionnaires were returned to RQIA.

At the request of the inspector, the registered manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

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 23 May 2017

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

6.2 Review of areas for improvement from the last care inspection dated 23 May 2017

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

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 processes in place to avoid and prevent harm to service users was reviewed; it included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the procedure for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency's staff recruitment process is co-ordinated in conjunction with the organisation's Human Resources (HR) department. The manager stated that confirmation is received that all checks have been satisfactorily completed. The registered manager provided assurance that staff are not provided for work until all required checks have been satisfactorily completed.

It was identified that the agency does not currently retain a statement by the registered provider or the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform. An area for improvement was identified.

The agency's training and development policy details the induction programme provided to staff; it was noted that it was in excess of the three day timescale as required within the domiciliary care agencies regulations. Staff are required to attend induction training one day per week for a number of weeks and are required to complete an induction competency workbook. Staff are required to sign that they have received the induction booklet and the expectation is that it is completed within the initial six months of employment. Staff could describe the details of the induction provided which was noted to include shadowing other staff employed by the agency during their induction programme. It was identified that staff receive a three month review during their induction period.

Records of individual staff induction retained by the agency were viewed; they contained details of the information provided to staff during their induction period. Observations of and discussions with staff indicated that they had the knowledge and skills to fulfil the requirements of their job roles. The agency maintains a record for all staff detailing dates of induction, training, competency assessments and registration status with relevant regulatory bodies.

The manager described the process for ensuring that staff provided at short notice had the knowledge and skills for the job roles. The inspector viewed two staff profiles in place for relief staff and noted that they contained information in relation to the individuals pre-employment checks, training, experience, induction and registration status with the Northern Ireland Social Care Council (NISCC).

Discussions with the manager and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the needs of the service users. Staff discussed with the inspector the challenges of a recent change in their working patterns; however they understood that it had been necessary to meet the needs of the service users and the model of care. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the registered manager and indicated where staff were allocated to work. It was discussed with the manager the need to ensure that the full name of all staff provided is recorded on the rota information. An area for improvement was identified.

The inspector viewed a record maintained by the agency's HR department which records registration details and expiry dates of staff required to be registered with the NISCC or the Nursing and Midwifery Council (NMC) as appropriate. Discussions with the HR manager provided assurances that the organisation has recently updated that process for monitoring registration status of staff to include the review of the registered managers' registration. They stated that staff will not be supplied for work if they are not appropriately registered. It was noted that registration status of staff is monitored by the manager; they discussed plans to develop a matrix for recording expiry date.

The agency's supervision and appraisal policies detail the timescales and procedures to be followed. Staff are provided with a supervision contract and a record of staff supervision and appraisal are maintained; four individual staff records reviewed indicated that staff have received supervision and appraisal in accordance with the agency's policies. It was identified that staff participate in developing individual development plans on an annual basis.

The agency has an electronic system for recording staff training; the manager and staff could describe the process for identifying training needs and their individual responsibility for ensuring that training updates are completed. The inspector noted that staff were required to complete required mandatory training in a number of areas and a range of training specific to the individual needs of service users. It was noted that the agency has recently introduced an E- Learning programme for staff.

The inspector viewed that the agency's staff training matrix; it indicated that majority of staff had completed relevant mandatory training and that a number of staff were due to complete a training update in relation to adult protection within the next month. The manager described the system in place for monitoring the training completed by staff on a monthly basis which includes monitoring by the training officer. Staff stated that they felt that their training was good and equipped them with the appropriate skills for their role.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The person in charge could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The organisation's policy and procedures reflect information contained within the DOH policy and outlines the procedure for staff in reporting concerns.

The organisation has identified an Adult Safeguarding Champion (ASC) and a number of deputy ASC's; the policy outlines their roles and key areas of responsibility which was noted to include the completion of an annual report relating to adult safeguarding.

Discussions with staff indicated that they had a good understanding of the process for reporting adult safeguarding concerns. It was identified that staff are required to complete safeguarding training during their induction programme and in addition an annual update. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults.

It was noted that service users and their relatives had been provided with information in relation to adult safeguarding during a recent family meeting. Service users who spoke to the inspector could describe what they would do if they had any concerns in relation to their safety or the care they received.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. Discussions with the manager and records viewed evidenced that the agency maintains a detailed record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency had made a number of referrals relating to adult safeguarding since the previous inspection. It was noted that one referral made remains ongoing; the manager could describe the details of liaison with the HSCT safeguarding team and the changes made and measures put in place as part of the protection plan and following the outcome of the investigation. It was identified that the HSCT are currently reviewing the findings of the investigation.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The agency's risk management policy outlines the process for assessing and reviewing risk. Service users are supported to participate in an annual review involving their HSCT keyworker if appropriate and that care plans are reviewed annually or as required. The inspector viewed a range of risk assessments in place relating to individual service users.

The agency's office accommodation is located adjacent to the homes of the service users and accessed from a separate entrance. The office is suitable for the operation of the agency as described in the Statement of Purpose; it was noted that records were stored securely and that PC's were password protected.

Comments received during inspection process.

Service users' comments

- 'I love it here; staff are good to us.'
- 'We are going to get the shopping today.'
- 'I am very happy.'
- 'I am not worried about anything; staff help me with everything.'

Staff comments

- 'I love working here.'
- 'The shifts recently changed which does not suit me as well but it is to meet the needs of the service users.'
- 'Service users are well looked after; they can choose what they want to do.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, training, supervision, appraisal and adult safeguarding.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to information retained for domiciliary care workers and the agency's staff rota information.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 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, assessing and meeting the 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 protection policy outlines the procedures for the creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be retained in accordance with legislation, standards and the organisational policy. It was identified that staff receive training relating to record keeping and confidentiality during their induction programme. On the day of the inspection the agency's staff personnel and service users' records were retained securely and in an organised manner.

Service users described how staff support them to be involved in the completion of risk assessments and the development of their care plans; service users are provided with a copy of their care plan. Staff could describe the processes used for encouraging service users to be engaged in the care planning and review processes. 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. However it was noted that a number of entries had been made in a care record in pencil; this was discussed with the manager and an identified as an area for improvement.

The inspector noted that there are arrangements in place within the agency to monitor, audit and review the effectiveness and quality of care delivered to service users. The organisation has a process for completing quarterly quality monitoring visits; it was noted that additional processes are in place to ensure that relevant information is collated, audited on a monthly basis and a monthly report developed.

The inspector viewed the agency's quality monitoring reports and records of the visits completed by a senior manager. Records viewed indicated that the process is effective and that an action plan is developed. The records were noted to include comments made by service users, and where appropriate their representatives. They included details of the review of the previous action plan, review of accidents, incidents and safeguarding referrals; staffing arrangements, care records, the environment and financial management arrangements.

Comments recorded on quality monitoring reports

Service user comments

- 'I am settling in, everything is going well.'
- 'I like it here; I go down to Limavady to visit.'
- 'I am helping to make eggs for tea.'
- 'I am grand; everything is fine.'
- 'I like it here.'

Staff comments

- 'Everything is good.'
- 'Service is very good.'

It was noted that negative feedback received from a family member had been processed through the complaints process.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users.

The manager could describe a range of methods in place to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders.

The agency facilitates monthly service user and staff meetings; service users stated that they are provided with the opportunity to express their opinions. It was identified that a range of standard items are discussed at all meetings, they include adult protection, complaints and health and safety. It was noted that staff are required to sign the minutes of staff meetings to indicate that they have read and understood the information.

Minutes of service users meetings viewed indicated that service users had been provided with information in relation to meal choices, the complaints process and safeguarding. The agency facilitates family advocacy meetings; one had taken place in January 2018 and it was good to noted that feedback received was positive.

Comments received during inspection process.

Service users' comments

- 'I found it hard to settle at first; but the staff are brilliant.'

Staff comments

- 'Service users are supported to be as independent as possible.'
- 'Service users are supported to be involved in the local community.'
- 'Service users are well looked after; they can do what they want.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to auditing arrangements and communication and engagement with service users and other relevant key stakeholders.

Areas for improvement

One area for improvement was identified during the inspection in relation to record keeping.

	Regulations	Standards
Total number of areas for improvement	0	1

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 inspection sought to assess the agency's ability to treat service users with dignity, respect and compassion and to engage service users in decisions affecting the care and support they receive.

It was noted that staff had received training in relation to human rights, equality and confidentiality during their induction programme. Discussions with service users and staff, records viewed and observations made during the inspection indicated that the promotion of values such as dignity, respect and choice were embedded in the ethos of the organisation. The agency has provided information to service users relating to human rights, advocacy and adult safeguarding.

It was identified that care records contained information in relation to the life histories of service users and their needs, choices and preferences.

Staff described ways in which they aim to provide the care and support in a person centred way; they could describe the methods used for effectively supporting service users in making informed choices. Service users stated that they are involved in discussions relating to their care and daily routines.

The manager stated that a range of documentation can be provided in an alternative format if required; staff stated that on occasions it is used to assist staff in supporting the service users to effectively engage in decisions about their care.

The inspector discussed arrangements in place relating 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 in a safe and effective manner.

The agency's Statement of Purpose and Service User Guide contains information relating to equality and diversity. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Discussions with the service users, staff and the manager highlighted evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Safeguarding
- Advocacy
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness.

Records viewed and discussions with staff indicated that the agency has systems in place to record comments made by service users and/or their representatives. Records of service user and care review meetings, and reports of quality monitoring visits indicated regular engagement with service users and where appropriate relevant stakeholders.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints process; quality monitoring visits; care review meetings and service user meetings. The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

It was good to note that a number of positive comments from relatives had been recorded in the minutes of the family advocacy meeting; these related to the recent move from a residential to supported living model of care.

Observations made during the inspection indicated that service users are encouraged to make choices regarding their daily routines and activities. It was observed that service users could speak to staff at any time. The inspector visited service users in their homes and noted that they had been supported to individualise their rooms and shared areas; it was good to note that service users appeared relaxed and comfortable.

Service users' comments

- 'I love here; I can do what I want.'
- 'Staff go out with us; I love shopping.'
- 'The staff are wonderful; they do everything for us.'

Staff comments

- 'Service users are treated with respect.'
- 'Service users have choice; we support them as much as we can.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and the effective engagement with service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 inspection reviewed management and governance systems in place within the agency to meet the needs of service users. The agency is managed on a day to day basis by the registered manager supported by two senior support workers. Staff could describe the procedure for obtaining support and guidance at all times.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained in an electronic format. A number of the organisation's policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the

minimum standards. It was noted that the agency's Disciplinary and Equality and Diversity policies are required to be reviewed and updated. An area for improvement was identified.

The agency has systems in place for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Documentation viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of required policies and procedures, monitoring of staffing arrangements, complaints, accidents, safeguarding referrals and incidents notifiable to RQIA. There was evidence of effective collaborative working relationships with relevant stakeholders, including HSCT representatives.

The agency's complaints policy details the procedure for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received and stated that they had received training in relation to complaints during their induction programme. Service users knew how to raise concerns and stated that they could speak to staff at any time. It was noted from records viewed and discussions with the manager that the agency has managed complaints received since the previous inspection in accordance with their policy. The manager stated that complaints received are audited on a monthly basis.

Documentation viewed indicated that the agency has in place management and governance systems to monitor and improve the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal. The manager and staff could describe the rationale for regularly reviewing the quality of the services provided.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it clearly details lines of accountability. Staff who spoke to the inspector had a good understanding of the responsibilities of their job roles; service users knew who to talk to if they were worried or had a concern. Staff stated that the manager and senior staff are approachable and could describe the procedure for obtaining support and guidance out of hours.

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.

Comments received during inspection.

Service users' comments

- 'We can speak to staff if we are worried.'

Staff comments

- 'The manager is approachable'
- 'The training is good.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements including the quality monitoring process and the management of complaints and incidents.

Areas for improvement

One area for improvement was identified during the inspection in relation to the agency's policies and procedures.

	Regulations	Standards
Total number of areas for improvement	0	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 Delma McCurry, 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 via Web Portal for assessment by the inspector.

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 13 (d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection.</p>	<p>The registered person shall ensure that no domiciliary worker is supplied by an agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Recruitment Evidence template will be amended to include the requirement for a statement regarding staff being physically & mentally fit for the purposes of the work which they are to perform by 31st July 2018.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 10.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection.</p>	<p>The registered person shall ensure that the information held on record is accurate, up to date and necessary.</p> <p>This relates specifically to the agency's staff rota information.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Full names of agency staff are now recorded on all rotas.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection.</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>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff have been reminded that all records must be in black ink and never in pencil.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 9.5</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2018</p>	<p>The registered person shall ensure that policies and procedures are subject to a systematic 3 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>Ref: 6.7</p>

Response by registered person detailing the actions taken:

The relevant policies have been updated by the Personnel & Training Department.

Please ensure this document is completed in full and returned via Web Portal



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