

Unannounced Care Inspection Report 4 March 2019



Johnston Way

Type of Service: Domiciliary Care Agency
Address: 1 Johnston Way, Ballymacoss, Lisburn, BT28 2AQ
Tel No: 07387020267
Inspector: Aveen Donnelly

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

Johnston Way is a, supported living type domiciliary care agency, situated in Lisburn. The agency provides personal care and housing support to up to eight individuals whose accommodation consists of separate bedrooms and bathrooms, with some shared living areas. The tenant group includes people with disabilities, autism or mental health issues and who require support to increase independence and enhance their quality of life.

The services are commissioned by the South Eastern Health and Social Care (HSC) Trust.

3.0 Service details

Organisation/Registered Provider: The Cedar Foundation Responsible Individual: Ms Eileen Marian Thomson	Registered Manager: Not applicable
Person in charge at the time of inspection: Acting manager	Date manager registered: Paul Johnston – application received 1 February 2019 - registration pending

4.0 Inspection summary

An unannounced inspection took place on 4 March 2019 from 09.30 to 15.15.

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

The inspection sought 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 throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. 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 tenants. There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing the tenants and their representatives. There was evidence of good governance and management systems in place.

The agency's consideration of the tenants' human rights in relation to the use of restrictive practices is commended.

No areas for improvement were identified during this inspection.

The tenant met with indicated that they were very happy living in Johnston Way.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and tenants' 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 Paul Johnston, acting 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.

4.2 Action/enforcement taken following the most recent care inspection dated 21 July 2017

No further actions were required to be taken following the most recent pre-registration inspection on 21 July 2019.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events
- any 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. No responses were received.

Ten questionnaires were also left with the manager to obtain feedback from tenants and/or their representatives. One questionnaire was returned within the deadline for inclusion in the report.

The inspector requested that the manager place a 'Have we missed you'" card in a prominent position in the agency to allow tenants and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

During the inspection process the inspector spoke with the manager, four staff members and one tenants' representative. Further detail is included within the body of the report.

The following records were examined during the inspection:

- recruitment checklist and related records
- staff induction and training records
- supervision and appraisal matrix
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- restrictive practice register
- staff meeting' minutes
- tenants' meeting' minutes
- complaints and compliments records
- monthly quality monitoring reports
- the Statement of Purpose
- the Service User Guide

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 July 2017

The most recent inspection of the agency was an announced pre-registration inspection. There were no areas for improvement identified.

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 registered premises are located at 1 Johnston Way, Ballymacoss, Lisburn and were suitable for the purposes of the agency.

At the time of the inspection, the agency was being managed by the manager, with a deputy manager, six team leaders and a team of support workers. There was also a number of team leaders, who were available to work on a relief basis. The agency's staffing arrangements were discussed and the inspector was advised that there were currently five staff vacancies. These vacancies were being filled by existing staff working extra hours and by staff from other domiciliary care agencies, who were familiar with the agency and the tenants. Recruitment efforts were discussed with the manager, who advised that recruitment of new staff was in progress. No concerns were raised with the inspector in relation to the staffing levels and the needs of the tenants not being met.

The organisation has a dedicated human resources department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. Recruitment checklists reviewed indicated that all pre-employment information had been satisfactorily completed and verified. Discussion with the manager and a review of records confirmed that the agency had in place a statement by the manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13(d) Schedule 3.

There was a system in place to monitor the registration status of staff in accordance with NISCC.

A review of records confirmed that all staff, including staff from other domiciliary care agencies, had received a structured induction programme in line with the timescales outlined within the Regulations.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. This included mentoring through formal supervision meetings and completion of annual appraisals. These areas were monitored by the management team as part of their quality monitoring processes.

Discussion with staff and a review of the training records confirmed that training had been provided in all mandatory areas. The manager also advised that the agency provided all staff with training in the Management of Actual or Potential Aggression (MAPA). MAPA training had also been provided to one staff member from another domiciliary care agency. Additional training in areas such as learning disabilities, stress management, Makaton sign language, confidentiality, mental capacity and vagal nerve stimulation had been provided to relevant staff. Training was also available to staff in relation to death, dying and bereavement, to enable them to support service users who may have experienced loss of a loved one in their lives.

Competency assessments were completed with staff in relation to positive behaviour support; and high quality care and supportive environment.

Discussion with staff confirmed that they were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. There had been no incidents referred to adult safeguarding since the date of the last care inspection. Arrangements were in place to embed the new 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 a senior director within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

Adult safeguarding was also discussed at tenants' meetings, to ensure that they understood the different types of abuse and they were encouraged to raise any concerns they may have.

A review of the accident and incident records confirmed that they were managed appropriately and were notified to the HSC Trust in keeping with local protocols.

Discussion with the manager indicated and a review of the records confirmed that any restrictive practices used, were considered and agreed in conjunction with the tenants and their relevant representatives. A review of the records confirmed that restrictive practices were reviewed on a regular basis and were overseen by the manager, as part of the agency's governance audits. It was good to note that the restrictive practice register gave due consideration to the impact on the tenants' human rights for each restriction used. This is good practice and is commended.

The returned questionnaire from the service user indicated that they were 'satisfied' or 'very satisfied' and that safe service meant:

- There are enough staff to help you.
- You feel protected and free from harm.
- You can talk to staff if you have concerns.

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. The agency's consideration of the tenants' human rights in relation to the use of restrictive practices is commended.

Areas for improvement

No areas for improvement were identified in this domain 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 full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the tenants were examined during the inspection.

A review of the care records identified that they were maintained in accordance with the legislation and standards.

Care reviews with the HSC Trusts were noted to be held annually or as required. Discussion with the manager indicated that care and support plans were updated to reflect changes agreed at the review meetings.

The agency had developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to the tenants. Monthly quality monitoring was undertaken by a senior manager within the organisation. Quality monitoring reports indicated consultation with a range of tenants, staff and as appropriate HSC Trust representatives.

There was evidence of effective communication with the tenants and their representatives and with relevant HSC Trust' representatives, as required. Staff meeting' minutes reflected that there was effective communication between all grades of staff and this was supported by staff spoken with during the inspection. Tenants were also encouraged to attend meetings, which were held on a regular basis.

The inspector was advised of the agency's Service User Forum and how tenants were encouraged to use this forum, as a means of having someone advocate on their behalf. The inspector was advised that the Service User Forum members, who had received training in advocacy, met on a weekly basis, to discuss matters.

The returned questionnaire from the service user indicated that that they were 'satisfied' or 'very satisfied' and effective service meant:

- You get the right care, at the right time in the right place.
- The staff knew their care needs.
- You are kept aware of your care plans.
- Your care meets your expectations.

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 tenants.

Areas for improvement

No areas for improvement were identified in this domain 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 inspection sought to assess the agency's ability to treat the tenants with dignity and respect; and to fully involve them/their representatives in decisions affecting their care and support. The culture and ethos of care was found to promote dignity, respect, independence, rights, equality and diversity. This was reflected through the staff attitudes and the delivery of the service. One example provided related to the planned erection of a memorial bench, to commemorate a relative of one of the tenants.

The staff had a good knowledge of the tenants they supported. The review of the care records identified that the agency had obtained information that outlined their life histories, family and community relationship networks.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. The manager discussed various activities including attending ice hockey matches, going to the cinema, entertainment complexes, art activities and playing snooker. One tenant was supported to join a local Men's Shed group. Day trips were also facilitated where possible and the inspector was informed of trips such as going to Belfast zoo and a day trip to Dublin, which the tenants enjoyed.

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 tenants. Comments viewed within the compliments records are detailed below:

- "The care is second to none."
- "Surpassed all expectations in their first year of opening."
- "Excellent care and attention afforded to (tenant's name)."

The review of the annual quality assurance report completed in March 2018 evidenced that there was a high satisfaction rate in relation to the care and support provided. All respondents indicated that the staff had understood their needs and the challenges they face and all respondents indicated that they felt listened to by staff who were approachable and supportive. This should be commended.

One tenant spoken with indicated that they were happy with the care and support provided. The inspector also spoke with the manager, four staff members and one tenants' representative. Some comments received are detailed below:

Tenants' representative

- "Excellent, it is like night and day (compared to where the tenant used to live)."

Staff

- "It is hard work but it is enjoyable."

- “The people are settled here, we have a strong staff team and we are all quite grounded.”
- “There is good communication and the quality of care is very good.”
- “I would recommend here, there is a good staff team.”

The returned questionnaire from the service user indicated that that they were ‘satisfied’ or ‘very satisfied’ and compassionate care meant:

- Staff treat you with kindness.
- Staff ensure you are respected and that your privacy and dignity is maintained.
- Staff inform you about your care.
- Staff support you to make decisions about your care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing the tenants and their representatives. The support provided to tenants in relation to them fulfilling their ambitions was commended.

Areas for improvement

No areas for improvement were identified in this domain 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 inspector reviewed the management and governance systems in place within the agency to meet the needs of the tenants; it was identified that the agency has effective systems of management and governance in place.

The organisational structure of the service was clearly reflected in the service user guide and in the statement of purpose. The day to day operation of the agency was overseen by the manager, team leaders and a team of care staff. In addition the agency’s on call system ensured that staff could avail of management support 24 hours a day.

Staff spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All staff spoken with commented positively in relation to the manager and stated that ‘he is one of the good guys’ and that he is regularly ‘on the floor, looking to see where he can help’.

There was a process in place to ensure that any complaints received were managed in accordance with regulation, standards and the agency’s own policies and procedures. The manager advised that there had only been one complaint received from the last care inspection and this was deemed to have been managed appropriately. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

Discussion with the staff confirmed that they were encouraged to raise concerns, as part of their supervisions with their line managers.

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; discussion with the management team and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

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. This was acknowledged during the observations of service user and staff interactions during the inspection.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed. Staff were able to discuss the ways in which their development and training enables them to engage with a diverse range of service users.

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

- effective communication
- service user involvement
- safeguarding
- advocacy
- human rights
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

The agency's commitment to equality and individual person centred care is an area of positive practice and is an area of good practice.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed. RQIA had been notified appropriately of any reportable incidents.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the tenants and staff.

On the date of inspection the registration certificate was up to date and displayed appropriately.

The returned questionnaire from the service user indicated that that they were 'satisfied' or 'very satisfied' and a well led service and meant:

- You know who is in charge at any time.

- You feel the service is well managed.
- Your views are sought about your care and the quality of the service.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain 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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