

Unannounced Care Inspection Report

27 January 2020



Derramore View

Type of Service: Domiciliary Care Agency
Address: 4 Derramore View, Cookstown, Tyrone, BT80 8TY
Tel No: 02886764331
Inspector: Kieran Murray

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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

Derramore View is a domiciliary care agency supported living type which provides services to three (two void tenancies on the day of inspection) service users living in their own homes within the Northern Health and Social Care Trust (NHSCT) area, who require care and support with autism, asperger’s and mental health disabilities. The service users are supported by 6 staff (including the manager).

3.0 Service details

Organisation/Registered Provider: Autism Initiatives NI Responsible Individual(s): Dr Eamonn James Edward Slevin	Registered Manager: Miss Orlagh Teresa Dillon
Person in charge at the time of inspection: Miss Orlagh Teresa Dillon	Date manager registered: 21 May 2019

4.0 Inspection summary

An unannounced inspection took place on 27 January 2020 from 09.40 to 15.30.

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 Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

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

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 in relation to:

- staff recruitment
- care reviews
- staff supervision and appraisal
- collaborative working
- registrations with Northern Ireland Social Care Council (NISCC)

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 restrictive practices, consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

No areas requiring improvement were identified during the inspection.

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

The inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Orlagh Teresa Dillon, Registered Manager, as part of the inspection process and can be found in the body of the report.

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

5.0 How we inspect

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

- pre-registration inspection report
- record of notifiable incidents
- all correspondence with RQIA since the previous inspection

During the inspection the inspector met with one service user, the manager, one staff member and a telephone conversation with one relative and community professional.

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 person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; two responses are included within the body of the report.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users 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.

Ten questionnaires were also provided for distribution to the service users and their relatives; two responses were returned; analysis and comments are included within the report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

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

6.0 The inspection

There were no areas for improvement made as a result of the last care inspection 6 April 2018.

6.1 Inspection findings

6.2 Is care safe?

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

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. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations; it was evidenced that staff attend the Apex corporate induction programme. The inspector evidenced periods of shadowing for new staff on rotas. The inspector spoke to one staff member that provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by other staff members and the manager.

It was positive to note that the induction programme included training on equality and diversity, opportunities and service user rights.

Staffing levels were consistently maintained and there were no concerns raised with the inspector by staff or service user in relation to their needs not being met. The manager and staff advised that void shifts are covered by the manager and staff within the agency to meet the needs of service users.

The inspector reviewed the agency's training plans which indicated compliance with the Regulations and Minimum Standards and that staff had appropriate training to fulfil the duties of their role. There was evidence that staff attended training additional to that outlined within the Minimum Standards such as, Mental Health, Epilepsy and Risk Assessment training.

It was positive to note that staff had both attended and had planned dates for Deprivation of Liberty Safeguard (DoLs) e-learning training.

Staff comments:

- "I get regular supervision and appraisal."
- "I got a three day induction."

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with their policy has been maintained.

Discussions with the manager and a review of the agency's safeguarding policy established that the agency have embedded the regional adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016 into practice. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. The inspector noted that records relating to safeguarding training completed by staff were up to date.

The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion (ASC) and their role. Staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability.

On the day of the inspection the inspector noted that the agency had made no safeguarding referrals to the NHSCCT since the last inspection on 6 April 2018.

A discussion took place with the manager in relation to the ASC completing an Adult safeguarding position report by 31 March 2020. This can be reviewed at the next inspection.

Staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

Service user comments:

- "I feel safe."
- "I have no concerns or worries."

Relatives comments:

- "I have never been concerned."
- "Staff are well trained."

Community Professional comment:

- "Derramore is a fantastic service."
- "XXXX human rights are maintained."

On the day of the inspection it was noted that restrictive practices implemented were of the least restrictive nature considered necessary in conjunction with the service user, relative, NHSCCT and agency staff and these practices were reviewed regularly and evaluated. A discussion took place with the manager in relation to linking each restrictive practice to the appropriate human rights article.

A discussion took place with the manager in relation to the completion of DoLs where needed at the service users next annual review.

The inspector reviewed records relating to incidents reportable to RQIA and non-reportable and found that the agency and found that the agency had managed these within policy and procedure.

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

Staff spoken with described the importance of storing confidential information in accordance with General Data Protection Regulations (GDPR) and data protection guidelines.

The inspector noted a small number of recordings were not in keeping with policy and procedure i.e. use of coloured ink. The manager assured the inspector that this would be discussed at the next team meeting and a record kept for review at the next inspection.

Of two questionnaires returned by service users/relatives and following clarification, both indicated that they were 'very satisfied' that care was safe. Of two responses returned by staff, both indicated that they were 'very satisfied' that care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and inductions, supervision and appraisals, adult safeguarding referrals, restrictive practice and risk management.

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

6.4 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 is detailed in the Statement of Purpose (2019) and Service User Guide (2019). The inspector noted that the Statement of Purpose did not contain details on the Northern Ireland Ombudsman or independent advocates. Following the inspection and within an agreed timeframe the manager forwarded the updated Statement of Purpose. The inspector reviewed this document and found it to be satisfactory.

The review of one care record identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans, monthly reviews with agency staff and yearly care reviews with the relevant NHSCT representative, service user and relatives as appropriate.

Feedback received by the inspector from the service user and staff indicated that service users have a genuine influence on the content of their care plans.

Service user comments:

- "I was able to give my opinion for the review."
- "I got minutes of the review."

Relatives comments:

- “There is an open door policy within the agency.”
- “I get updated by staff.”

Community Professional comments:

- “XXXX has managed to remain out of hospital.”
- “XXX’s is more independent.”

Staff comments:

- “Service user knows we respect XXXX privacy and space.”

The agency maintains daily contact records for each service user.

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

Review of team meeting records indicated that meetings took place on a monthly basis; the staff informed the inspector that they could contribute items to the agenda for these meetings. The inspector noted topics discussed included restrictive practice, surveys, RQIA, safeguarding and complaints. Staff indicated that the staff team are supportive to each other and that communication is good.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, relatives, staff and WHSCT representatives.

The inspector noted posters in the agency outlining an employee counselling service helpline to support staff should they need it.

Of two questionnaires returned by service users/relatives and following telephone clarification, both indicated that they were ‘very satisfied’ that care was effective. Of two responses returned by staff, both indicated that they were ‘very satisfied’ that care was effective.

Areas of good practice

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

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 compassionate?

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

The inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

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 user, manager and staff provided evidence that the agency supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

The service user who wished to speak to the inspector was provided with privacy as appropriate.

The inspector observed staff using appropriate language and behaving in a manner which encouraged the service user to make their own choices, whilst balancing their health and wellbeing needs.

Service user comments:

- "The staff are open, honest and transparent."

Service users consulted with during the inspection gave examples readily of the different ways the staff treated them with respect and dignity, whilst promoting their independence. Staff interactions observed by the inspector were noted to be very warm and caring.

It was evident that the agency staff and NHSCOT keyworkers promote independence, equality and diversity of service users. The service user is encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

Relatives comments:

- "XXXX has never been happier."

Staff comments:

- "My human rights are protected."

Community Professional comments:

- "XXXX is very much promoted to be as independent as he can be."

Of two questionnaires returned by service users/relatives and following telephone clarification, both indicated that they were ‘very satisfied’ that care was compassionate. Of two responses returned by staff, both indicated that they were ‘very satisfied’ that care was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

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 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 service users. The agency is managed on a day to day basis by the manager with the support of a senior support worker and a team of support workers. 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.

The manager confirmed that information regarding registration with NISCC and renewal dates was maintained by the agency. A review of records confirmed that all staff were currently registered as required. The manager described the system in place for monitoring registration status of staff with the relevant regulatory body and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

There had been one complaint received since the last inspection 6 April 2018. The inspector noted that the complaint was dealt with appropriately in accordance with policy and procedure and the complainant was fully satisfied with the outcome.

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.

Service user comments:

- “I can make decisions about colours e.g. in my room.”

Relatives comments:

- “Staff are accommodating all the time.”

Staff comments:

- “XXXX is a fantastic manager.”

Community Professional comments:

- “XXXX is a good manager and is very approachable.”

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
- accidents and incidents
- complaints
- NISCC/NMC registrations
- training and supervision

On the day of the inspection the inspector could evidence the agency’s annual quality review of services report. Following the inspection and within an agreed timeframe the responsible individual forwarded quarterly quality review of service reports which the inspector reviewed and found to be positive.

The inspector reviewed service user, relative, staff and stakeholder questionnaire feedback and found it to be positive.

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

The inspector noted a poster in the agency office detailing an email address for a whistleblowing hotline for staff to use should the need arise.

Service user records and quality monitoring visits reports indicated the agency’s commitment to regularly engaging with service users, relatives and where appropriate relevant stakeholders.

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

The inspector discussed the recent changes the Northern Ireland Ambulance Service (NIAS) had made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency arrangements for managing this and the manager was advised to identify any potential challenges and to liaise with the relevant trusts, as appropriate.

Of two questionnaires returned by service users/relatives and following telephone clarification, both indicated that they were 'very satisfied' that the service was well led. Of two responses returned by staff, both indicated that they were 'very satisfied' that the service was well led.

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, decision making, privacy, dignity, confidentiality and service user involvement.

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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