

# Unannounced Care Inspection Report 9 August 2019



## Greenisland House

**Type of Service: Domiciliary Care Agency**  
**Address: 91 Shore Road, Greenisland, Carrickfergus, BT38 8TZ**  
**Tel No: 02890861455**  
**Inspector: Joanne Faulkner**

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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

This is a domiciliary care agency, supported living type which provides housing support to 31 service users living in self-contained apartments in a shared accommodation arrangement. Care is provided in conjunction with another registered domiciliary care agency. Service users are supported to be as independent as possible. Staff support service users in a range of areas including assistance with medication and a number of housing and support tasks. The care is commissioned by the relevant Health and Social Care Trust (HSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Triangle Housing Association  <b>Responsible Individual:</b> Christopher Harold Alexander	<b>Registered Manager:</b> Liza Morgan
<b>Person in charge at the time of inspection:</b> Team leader	<b>Date manager registered:</b> 2 January 2019

### 4.0 Inspection summary

An unannounced inspection took place on 9 August 2019 from 10.15 to 16.15.

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.

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are promoted and protected. This means we will seek to view evidence and assurances from providers that they have and will take all reasonable steps to promote people's human 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. Service users should experience the choices and freedoms associated with any person living in their own home.

There were a range of examples of good practice identified throughout the inspection in relation to the agency's processes for staff induction, performance review, training, adult safeguarding processes and risk management. There are effective governance and management systems in place. Care records were comprehensive, individualised and well maintained. There was evidence of effective communication with service users and any relevant stakeholders. The culture and ethos of the organisation promotes treating service users with dignity and respect with an emphasis on their safety, and in addition maximising their privacy, choice and independence. There was evidence that care was provided in a person centred manner.

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 autonomy, equality, choice, care planning, decision making, privacy, dignity, confidentiality and effective service user and stakeholder engagement.

No areas for improvement were identified during this 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.

The inspector would like to thank the person in charge, the service users and staff for their support and full co-operation throughout the inspection process.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

No areas for improvement were identified during this inspection.

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 agency was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence/information received by RQIA since the previous inspection

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

- discussion with the person in charge
- examination of records
- consultation with two services user and two staff members
- evaluation and feedback

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referenced within the report.

At the request of the inspector, the person in charge 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; one response was received prior to the issuing of this report. However the respondent did not indicate if they were either satisfied or dissatisfied that care provided was safe, effective and compassionate and that the service is well led. No comments were provided.

Ten questionnaires were provided for distribution to the service users and/or their representatives; one response was received prior to the issuing of this report. The respondent indicated that they were very satisfied that care provided was safe, effective and compassionate and that the agency was well led.

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.

During the inspection the inspector spoke with a team leader, two service users and two staff members. 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 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 inspector reviewed the agency's systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements within the agency.

The recruitment policy outlines the process for ensuring that staff pre-employment checks are completed prior to commencement of employment. Recruitment of staff is co-ordinated by the organisation's Human Resources (HR) department. Details of all information relating to individual staff recruitment is retained by the HR department. It was identified that the manager is informed when staff are ready to commence employment.

Discussions with the person in charge indicated that they had an understanding of the recruitment process and the need for systems to be robust. They stated that staff are not supplied until pre-employment checks have been completed by the HR department.

The agency's induction programme provided to staff was noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. New staff are required to complete corporate induction, training in a range of areas and in addition shadow other staff employed by the agency.

It was noted from information viewed that new staff are required to complete an induction workbook during their probationary period; it is linked to the Northern Ireland Social Care Council's (NISCC) Standards. New staff are required to complete competency assessments in areas such as medication and finance. Staff indicated that their induction had provided them with the knowledge and skills to meet the needs of the service users.

Staff are required to complete a six month probationary period; it was noted that they have review meetings at one, three and six months.

Staff stated that they are introduced to the service users prior to providing care and support and shadow staff currently employed by the agency; this was confirmed by the service users who spoke to the inspector.

Discussions with the person in charge and staff, and rota information viewed provided assurances that the agency endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the service users. Discussions with service users during of inspection highlighted no concerns in regards to them receiving the required care and support; however one service user felt that they would benefit from additional one to one support to enable them to get out more regularly. Staff stated that staffing levels are currently being reviewed with relevant key stakeholders to ensure that there are more opportunities to support service users to access the local community on a one to one basis. The inspector discussed with the person in charge the need to ensure that the rota information records the full name of all staff provided; assurances were provided that this would be actioned immediately.

It was noted that care and support is provided to service users by a core staff team; staff felt that this supports the agency in ensuring continuity of care. Staff felt that this can have a positive impact on the service users' experience in relation to their human rights such as privacy, dignity and respect.

The system for ensuring that staff provided at short notice have the necessary knowledge and skills for their roles was discussed with the person in charge. It was noted that staff provided are required to complete an induction prior to providing care; this is to ensure that continuity of care is achieved and to ensure the safety, dignity and respect of service users is maintained.

The agency provides quarterly supervision/appraisal to staff in the form of a performance review; a record is maintained. Part of the performance review process requires staff to complete medication and financial management competency assessments. A matrix is retained detailing when staff have received supervision/appraisal; it was noted from records viewed that staff had received supervision and appraisal in accordance with the agency's policy. It was identified that a number of staff are in the process of completing their probation.

The agency has a system in place for monitoring staff registration with the relevant regulatory body; details of the registration status and expiry dates of staff required to be registered with NISCC is retained. The person in charge stated that staff are not supplied for work if they are not appropriately registered. Records viewed during the inspection indicated that all staff were registered appropriately. It was noted that the information is reviewed monthly by the manager.

Staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of the service users they are providing care to. Staff could describe the process for identifying training needs and their responsibility for ensuring that training updates are completed. Discussions with staff indicated that they had a clear understanding of service users' human rights.

The agency retains a detailed account of training completed by staff; records viewed indicated that staff had completed relevant training. It was noted that staff had completed training in a range of areas such as moving and handling, Respect training, finance, medication, fire, health and safety, record keeping and adult safeguarding. It was positive to note that a range of key areas are discussed during the initial induction programme provided to staff such as equality, diversity, privacy, confidentiality, safeguarding, human rights and whistleblowing.

From records viewed during the inspection and information provided following the inspection it was identified that updates had been planned for any outstanding training.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated.

Discussions with the person in charge demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns out of hours.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter. It was noted that a small number of staff were due to complete a training update in relation to adult safeguarding; following the inspection the manager provided details of the dates staff are booked to complete the required training.

The agency has a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records viewed and discussions with the person in charge indicated that no adult safeguarding referrals have been made since the last inspection.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

Service users who spoke with the inspector stated that they had no concerns regarding their safety; they indicated that they could speak to staff if they had any concerns in relation to safety or the care being provided. It was positive to note that the agency had provided service users with information in relation to keeping themselves safe and the details of the procedure for reporting any concerns.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. It was noted that incident records are reviewed by the regional manager and in addition are reviewed as part of the agency's quality monitoring process.

The agency's arrangements for identifying, managing and where possible eliminating risk to service users' health, welfare and safety were reviewed. The agency has a process for assessing and reviewing risk. Records viewed and discussions with the person in charge confirmed that comprehensive risk assessments, 'Be Safe' plans and care plans had been completed in conjunction with service users and where appropriate their representatives. Care plans viewed reflected decisions made by service users and indicated that their human rights had been considered in the process.

Staff who spoke to the inspector were knowledgeable regarding the individual needs and preferences of service users'. They described the value they place on ensuring that service users are supported in an individualised way, where their preferences, choices and views are

respected. Staff could describe the importance of ensuring service users were supported and encouraged to discuss any concerns they had and the need to balance risk with the choices and human rights of individual service users.

Observations of interactions between staff and service users indicated that the service users were supported to make their own choices and that staff took time to speak to them. Staff could describe how they familiarise themselves with the needs of individual service users. Staff stated that they observe service users to identify any changes in dependency, ability or behaviour and take appropriate measures to promote/ensure the safety, wellbeing and choices of the service users.

The agency’s office accommodation is located in the same building as the service user’s apartments and accessed via a shared entrance. The office accommodation is suitable for the operation of the agency as described in the Statement of Purpose. During the inspection it was noted that records were stored securely and in a well organised manner; and that computers were password protected.

**Comments received during inspection process**

**Service users’ comments**

- “Happy here the staff are great.”
- “I can choose what I want to do; I am fairly independent.”
- “I am happy would just like there to be more support to get out; think they are working on it.”
- “No problems with any of the staff.”
- “I have no concerns.”
- “Can speak to staff if I want.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to staff induction, training, performance review, adult safeguarding and management of incidents/accidents.

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.3 Is care effective?**

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

The inspector reviewed the agency’s arrangements for appropriately responding to, assessing and meeting the needs of service users. The agency’s Statement of Purpose and Service User

Guides contain details of the nature and range of services provided and make reference to the equality of care provided to service users.

Records viewed during the inspection were retained in a well organised and secure manner. It was noted that staff had received training relating to record keeping and confidentiality as part of their initial induction.

The care records viewed included referral information received from a range of relevant HSCT representatives and in addition included risk assessments and care plans. The review of two service user care records identified that they were comprehensive, individualised and contained a range of assessments including those for any practices deemed to be restrictive.

Care plans viewed were noted to be comprehensive, providing a very detailed account of the care and support required by service users. They contained details of specific choices made by individual service users. The agency retains a register of any practices deemed to be restrictive; it is reviewed quarterly by the manager and in addition reviewed as part of the agency's quality monitoring process.

The person in charge could describe the processes used for supporting service users and where appropriate their relatives to be effectively engaged in the care planning and review processes. It was noted that staff record daily the care and support provided to service users.

The agency contributes to service user reviews facilitated by the relevant HSCT. Staff felt that regular reviews assist in ensuring that the needs of service users were being appropriately met. It was positive to note that the human rights of service users were clearly recorded in their individual care and support plans and in the 'Be Safe' plans.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users, and staff, and observations made, evidenced that staff communicate appropriately with service users. The agency has recorded the individual communication needs of each service user in their initial assessment and care plan, and has detailed how they support service users to communicate effectively.

The person in charge could describe the processes used to develop and maintain effective working relationships with relatives, HSCT representatives and other relevant stakeholders.

The agency facilitates staff meetings; staff are encouraged to attend and provided with the opportunity to express their views and opinions and to raise matters of concern.

The agency facilitates monthly service user meetings and a record of matters discussed is retained; records viewed included details of the views of service users. It was noted that minutes are recorded in an easy read format. It was positive to note that staff had supported service users to make a complaint to the relevant bodies in relation to the level of support hours available to them.

The agency has contingency arrangements in place to respond to unforeseen/emergency events; service users have individual personal protection plans in place.

During and following the inspection the manager and staff discussed with the inspector difficulties and challenges they were encountering with working in conjunction with another

domiciliary care agency to provide the care to service users; the inspector discussed the need to engage with the relevant HSCT representatives in relation to matters identified. The manager stated that the organisation's ASC and a regional manager had raised the matters with senior managers within the HSCT with the aim of resolving the issues.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the quality of service user care records, communication with service users and the agency's processes for engaging with relatives and other key stakeholders.

### Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.4 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 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 was assessed.

It was noted that the agency's staff receive information relating to equality, human rights and confidentiality as part of their induction programme. Discussions with staff and service users, observations made and documentation viewed during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way staff provide the care and support to service users.

It was positive to note that the agency has provided information to service users relating to human rights, complaints, advocacy and adult safeguarding in an easy read format. Service users described how they can make their own decisions and have choice in all aspects of their life; they stated that staff are kind, caring, and approachable and respect their views and choices.

Staff could describe how they support service users to make choices about the care and support they receive; they provided assurances that service users can refuse any aspect of their care. Staff discussed the risks that may arise due to choices made by service users.

Care records viewed were noted to be comprehensive and contained information relating to the needs of service users and their individual choices and preferences. Discussions with staff and service users provided assurances that care and support is provided in an individualised manner.

### Comments made by service users

- "Staff help me I just pull the cord."

- “I can make my own decisions.”
- “I like it; staff are great.”
- “No problems with any of the staff; they are very kind.”
- “I go down to the hub when I want.”

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the need for staff to be aware of equality legislation whilst recognising and responding to the diverse needs and choices of service users in a safe and effective manner. It was identified that staff had been provided with equality awareness information during their induction programme. The agency’s Statement of Purpose and Service User Guide contains information relating to equality and diversity.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in a person centred manner
- risk assessment and care planning

The organisation has developed a wide range of key information in an alternative format; this is to support service users in having a clearer understanding of the information being provided. The agency collects equality data of service users such as; age, gender, disability, marital status via their referral and care planning processes.

The agency has a range of processes for obtaining comments from service users and/or their representatives. Records of care review meetings, daily recording notes, service user meetings and reports of quality monitoring visits indicated regular engagement with service users and where appropriate other relevant stakeholders. These processes assist the agency in obtaining feedback on the service provided and views as to how the service could be improved. The agency’s quality monitoring process has assisted in the evaluation of the quality of the service provided and in identifying areas for improvement.

The organisation has a service user engagement group known as a Tenant’s Action Group (TAG) to facilitate them in engaging. The person in charge stated that this method of engagement encourages choice, inclusion, dignity, and empowerment of service users. The organisation facilitates an annual service user conference; service users are encouraged to attend and have the opportunity to participate in the organisation of the event and in the presentations.

Discussions with staff and service users during the inspection indicated that care provided was compassionate; the service users stated that staff treat them with respect.

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care. In addition the ongoing engagement with service users, and where appropriate relevant stakeholders with the aim of improving the quality of the service provided. There was evidence that the agency had arrangements in place for promoting the human rights of service user.

## Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 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 assessed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is currently managed on a day to day basis by the registered manager supported by a team leader and a number of support workers.

Staff described the process for obtaining support at any time, including out of hour arrangements. Staff who spoke to the inspector indicated that they had good working relationships with the manager.

The agency's policies and procedures are retained electronically; staff can access them as required. Policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The organisation's complaints policy outlines the procedure for managing complaints. Discussions with the person in charge indicated that they had an understanding of the actions to be taken in the event of a complaint being received. Staff receive complaints awareness information during their induction programme. Service users who spoke to the inspector stated that they have been provided with information in relating to making a complaint.

The person in charge described how staff had supported service users to make a complaint in relation to a concern they had raised; this indicated that service users are supported to access clear and fair processes for getting their views heard.

The agency has a proforma for maintaining a record of complaints received. It was noted from records viewed and discussions with the person in charge that the agency had managed the complaints received in accordance with their policy and procedures. The inspector discussed the benefits of retaining details of actions taken following receiving a complaint with the complaints records. Complaints are audited monthly as part of the agency's quality monitoring process.

The agency retains a record of compliments received, they included:

- "Thank you for looking after dad and \*\*\*\*."
- "We appreciate the good care you give."
- "Thank you so much for these photos, they are special. Mum looks so proud. Moving to Greenisland House was the best thing for her."

The agency has developed methods for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the person in charge indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of the required policies and procedures, appropriate supervision of staff and provision of relevant staff training. In addition the agency monitors staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA, on a monthly basis. The inspector viewed evidence of effective collaborative working relationships with relevant stakeholders such as HSCT representatives.

The inspector viewed evidence which indicated appropriate staff induction, training and performance review. The person in charge could describe the benefits of reviewing the quality of the services provided with the aim of improving the service provided.

The organisational and management structure of the agency is outlined within the Statement of Purpose; it record lines of accountability. Staff are provided with a job description at the commencement of employment. The person in charge stated that staff behaviour and conduct is discussed with staff during their probation period and performance review meetings.

Since the last inspection the registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. No concerns regarding the management of the agency were raised with the inspector.

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

The organisation has a process for completing quality monitoring audits on a monthly basis and for developing a report. The inspector viewed the quality monitoring reports of a number of the audits. It was noted that the audits are completed by managers from another of the organisation's registered services or regional managers from within the organisation. 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.

The reports were noted to include details of the review of the previous action plan, review of service user care records, staffing arrangements, accidents/incidents, adult safeguarding referrals, and complaints.

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency's engagement with service users and relevant stakeholders; and the agency's governance arrangements including the quality monitoring process.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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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