



The Regulation and
Quality Improvement
Authority

Struell Lodge
RQIA ID: 10754
2 Ardglass Road
Downpatrick
BT30 6JG

Inspector: Jim McBride
Inspection ID: IN023602

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**Unannounced Care Inspection
of
Struell Lodge Supported Housing Scheme**

16 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 16 November 2015 from 09.30 to 14.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified during this inspection. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Hugh McCaughey, South Eastern health & Social Care Trust	Registered Manager: Gordon Moore
Person in charge of the agency at the time of Inspection: Mr Paul Gemmell	Date Manager Registered: 1 April 2015
Number of service users in receipt of a service on the day of Inspection: 5	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection report and quality improvement plan (QIP)
- Incident records
- Records of contact with the agency since the last inspection.

During the inspection the inspector met with one team leader, one staff member and the acting manager. One service user spoke with the inspector.

The following records were examined during the inspection:

- Five care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports for April, May, June, August, September and October 2015
- Service users meetings for July, August, September and October 2015
- Staff training records:
 - Vulnerable adults*
 - Human Rights*
 - Supervision for supervisors*
- Records relating to staff supervision
- Complaints records
- Induction procedure
- Staff rota information.

During the inspection three questionnaires were completed by staff. At the request of the inspector the manager was asked to distribute a number of questionnaires to staff for return to RQIA. One questionnaire was returned.

These questionnaires indicated that the staff were either satisfied or very satisfied with the following:

- Service users' views are listened to
- The agency's induction process prepared you for your role
- The agency operates in a person centred manner

- Service users receive care and support from staff who are familiar with their needs
- You will be taken seriously if you were to raise a concern?

Staff written comments:

“I feel that the service users receive a high level of support.”

“Staff are aware of needs and listen to the service users.”

“I am pleased with the care and support our service users receive.”

“Staff would need to remain at the same numbers.”

At the request of the inspector the manager was asked to distribute a number of questionnaires to the service users to be completed asking them about various aspects of their care. Four questionnaires were completed during the inspection and one questionnaire was returned to RQIA following the inspection.

These indicated that service users were either satisfied or very satisfied with the following.

- The support you receive
- Staff responds to your needs
- Staff help you feel safe and secure here.

Service user’s written comments:

“I’m happy with the help I get from staff.”

“Everything is going well at the moment.”

“I would like to have more staff.”

“The staff are very good.”

“I am happy with staffing levels.”

One service user expressed dissatisfaction in a questionnaire in relation to:

- Staffing
- Care and support
- Their view and opinions are not sought about the service

The inspector gave the service user the opportunity to discuss and explore satisfaction levels further; however the service user declined this opportunity.

5. The Inspection

The agency provides a supported living type domiciliary care service to six service users in their own homes at two addresses in Downpatrick. The agency works in partnership with the NIHE’s Supporting People Programme.

The service provides care and support for people with a learning disability to enable them to live full and valued lives as independently as possible in their own home.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 23 October 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16 (1) (a)	It is required that the registered provider undertakes a review of staffing levels and to ensure that there are at all times adequate numbers of suitable skilled and experienced persons available to meet the assessed needs of service users.	Met
	Action taken as confirmed during the inspection: The staffing levels were adequate and staff were suitably skilled to meet the service user's needs.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 8.7	The registered manager should review the statement of purpose to ensure that it does not contain references to another agency.	Met
	Action taken as confirmed during the inspection: The statement of purpose was reviewed by the agency and contains the required information.	
Recommendation 2 Ref: Standard 5.6	The registered manager should review all review reports to ensure appropriate signatures have been recorded or reasons detailed regarding their absence.	Met
	Refers to but is not limited to signatures of all those attending annual reviews and confirming minutes.	
	Action taken as confirmed during the inspection: The inspector examined five care and support plans and the review records in place were satisfactory.	
Recommendation 3 Ref: Standard 8.15	The registered person must ensure that there are written accounting and financial control procedures that meet professional standards of good practice and legislative requirements and provide safeguards against errors or fraud.	Met
	This recommendation refers to the further development of agency financial policies and	

	procedures with regard to the accountability arrangements for staff in lone working situations.	
	<p>Action taken as confirmed during the inspection: The agency has in place financial controls. The records relating to individual service users were available. The agency's regional working group is in the process of a further review. This was confirmed by the manager.</p>	

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained.

The agency has a structured induction programme lasting at least three days; this was confirmed by the manager and staff members interviewed as well as in staff questionnaires. Staff are provided with a handbook, and have access to policies, procedures, and guidance. It was noted by the inspector that competency assessments completed during induction included:

- *Leadership and guidance*
- *Safe and effective care*
- *Person centred care*
- *Communication*

Competency is assessed by various methods including:

- *Workplace observation*
- *Staff explanation of process/review of work*
- *Documentation and record keeping*
- *Role play*
- *Questioning*

The agency has a procedure for verifying the identity of all staff prior to their supply, and the acting manager assured the inspector that no staff are supplied unless this procedure is followed.

The agency has a policy and procedure in place outlining staff supervision and appraisal which details the frequency of both. This was verified by staff during the inspection. Records maintained of supervision and appraisal demonstrated that the frequency was in accordance with the agency's policy and procedure.

Is Care Effective?

Discussions with the manager indicated that an appropriate number of skilled and experienced persons are available at all times.

The manager described the agency's processes to assess the suitability of staff. The inspector viewed a range of documentation that demonstrated how staff are provided with a clear outline of their roles and responsibilities.

One staff member who took part in the inspection described the induction as effective in preparing new staff for their role. The inspector was advised that the effectiveness of staff induction training is evaluated throughout the induction period and during supervision.

Discussion with the manager and examination of training records evidenced that the agency has a process in place to identify and respond to training needs.

Having examined a number of staff rotas it would appear that staffing levels are adequate to meet the needs of the service users. This was confirmed by the manager and staff interviewed.

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements. The manager described how the agency discusses staffing arrangements with service users. This was verified by the inspector in the minutes of a service users meeting held on the 25 October 2015. The manager stated that staffing arrangements affecting individual service users is discussed with them one to one as required.

Discussions with the staff indicated that service users are prepared in advance of significant staff changes where possible. Specific comments made by service users in relation to staffing were noted in the monthly quality monitoring reports and these reflected good working relationships between agency staff and service users. The staff were aware of the possible impact of staff changes on service users and discussed with the inspector the importance of induction and introduction of new staff.

One staff member described how the induction process involves meeting service users and learning about their care needs with another member of staff. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

Staff Comments:

"Supervision is good and is one to one."
"Training is enjoyable and helps in your role."
"The induction process is comprehensive."

Service user's comments:

"I like it here"
"The staff are very good to me and the others."
"I have no problems here."
"My friends here are all nice."

“Staff help me with shopping, my money and cooking.

“I love my home.”

“If I have any complaints my keyworker helps me with them.”

Areas for Improvement

There were no areas for improvement identified within this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or representatives.

The inspector saw records of a process involving the service user and/or their representative, the referring HSC Trust and the agency, to ascertain the needs of the service users and their views. Risk assessments were in place and were modified appropriately as the risks decreased.

This process results in individualised care and support plans seen by the inspector. There was evidence of positive risk taking in collaboration with the service user and/or their representative. This could be seen throughout a variety of records including risk assessments and care plans.

The inspector noted documentation in place relating to “Preparation for my review”. This document enables service users to prepare for their annual review and asks the following questions:

- *Things I have been doing since my last review.*
- *Things I have done really well and have enjoyed doing since my last review.*
- *Things that haven't gone well or problems I have had since my last review.*
- *Things I need help with or would like to continue to develop in the near future.*
- *New things I would like to try.*
- *How I feel about living here.*
- *How I'm treated by staff and other service users.*
- *Who I would like to attend my review.*

Review records examined suggest that the agency provide the service users with the opportunity to engage in service user involvement, and communicate their views and experiences that show how best to meet individual needs. The agency contributes to the review by attending with or on behalf of the service user and by submitting a report.

Is Care Effective?

Documents in place evidenced that care is regularly evaluated and reviewed. The agency has a policy of reviewing care and support plans every month or as required, as well as keyworker discussions with service users. Care and support plans seen by the inspector were written in

a person centred manner and included the service users' views. The staff described how care and support plans are written along with the service user and presented evidence of this.

Feedback from monthly monitoring reports presented examples of how the agency delivers the service in response to the views of service users and/or their representatives. The agency has processes in place to ascertain and respond to the views of service users and their representatives.

Service users have been provided with information relating to human rights in a suitable format. It was noted by the inspector that individual care and support plans place importance on the human rights of individuals.

From the records available it would appear that individual service users have the opportunity to discuss matters of concern in a number of ways that include:

- Tenants meetings
- Monthly monitoring
- Individual keyworker session
- Reviews
- Daily contact with staff

Is Care Compassionate?

Feedback from the manager and service users evidenced that service users receive care in an individualised manner. Service users and/or their representatives are aware of their right to be consulted and have their views taken into account in relation to service delivery.

Promotion of values such as dignity, choice and respect were evident through discussion with staff members and two service users. Human rights were explicitly outlined in care plans and were evident throughout other agency documentation such as review records.

The inspector examined five care and support plans in place and these included information relating to:

- Care and support needs
- Individual risk assessments
- Reviews
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The care plans examined provided information that meets the individual needs of service users.

The agency collaborates with other HSC Trust staff regarding best interest practices for service users where there are capacity and consent issues.

Areas for Improvement

There were no areas for improvement identified within this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring are comprehensive and provide assurance of quality monitoring and service improvement.

Complaints/Compliments

Records of complaints from 1 January 2014-31 March 2015 were examined. There were eight complaints within the time period specified. The majority of the complaints related to the environment i.e. hedge cutting etc. and have been appropriately referred to relevant agencies including Housing associations.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Gordon Moore	Date Completed	07/12/15
Registered Person	Bria Mongan	Date Approved	30/12/15
RQIA Inspector Assessing Response	Jim Mc Bride	Date Approved	3/1/16

Please provide any additional comments or observations you may wish to make below:

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