

Unannounced Care Inspection Report 30 June 2016



Struell Lodge Supported Housing Scheme

Domiciliary Care Agency / Supported Living
2 Ardglass Road, Downpatrick, BT30 6JG
Tel No: 028 4451 3850
Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Struell Lodge Supported Housing Scheme took place on 30 June 2016 from 09.15 to 13.00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure the sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. This area for quality improvement was identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 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 were discussed with Mr Paul Gemmell, registered 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation / registered provider: South Eastern Health and Social Services Board. Hugh McCaughey	Registered manager: Paul Gemmell
Person in charge of the agency at the time of inspection: Paul Gemmell	Date manager registered: Paul Gemmell registration pending

3.0 Methods/processes

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

Prior to inspection the following records were analysed:

- Records of notifiable events.

During the inspection the following processes used include the following:

- Discussion with the registered manager
- Examination of records
- File audits
- Discussions with service users
- Evaluation and feedback.

The following records were examined during the inspection:

- Five care and support plans
- Health and Social Care (HSC) Trust assessments of needs and risk assessments
- Care review records

- Recording/evaluation of care used by the agency
- Monthly monitoring reports for November and December 2015. April, May and June 2016
- Minutes of tenants meetings held in February, March, April and May 2016
- Staff training records relating to:

Vulnerable adults
 Medication competency assessments
 Risk assessments
 Equality and human rights
 Complaints
 Records management

- Records relating to staff supervision
- Complaints records
- Induction procedure
- Staff rota information.

4.0 The inspection

Struell Lodge provides domiciliary care services to five tenants in their own homes at two addresses in Downpatrick. The agency works in partnership with the NIHE's Supporting People Programme. The scheme works under the auspices of Oaklee Housing Association and the South Eastern Health and Social Care Trust as a domiciliary care agency.

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

At the time of the inspection there were 5 individuals receiving a service from 3 staff. During the inspection the inspector spoke with the registered manager, and two service users. Their feedback has been included throughout this report. The manager stated that no domiciliary care staff were available for interview during this unannounced inspection.

At the request of the inspector the manager was asked to distribute four questionnaires to staff for return to RQIA, two questionnaires were returned. The manager was also asked to distribute five questionnaires to service users, no questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

Following discussion with the registered manager and service users, it was noted there was evidence of positive outcomes for service users. This has been demonstrated by the agency throughout this report. One service user stated: " *This was the best move for me. I enjoy supported living, I'm happy here.*"

The inspector would like to thank the manager and the service users for their warm welcome and full co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the last care inspection dated 16 November 2015

No requirements or recommendations resulted from the last care inspection dated 16 November 2016.

4.2 Is care safe?

The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. The Statement of Purpose was reviewed by the agency in May 2016. The inspector was advised by the manager that service users are introduced to, and advised of the names of staff that will be providing care and support; this information is also included in the statement of purpose and the service user's guide.

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The inspector examined five care plans in place during the inspection. Referral information detailed the services being commissioned and included relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users and/or representative's views had been obtained and incorporated.

The agency has in place a written policy and procedure for the recruitment of staff which was updated in April 2016. The policy in place evidenced the completion of pre-employment checks.

The agency has a structured staff induction programme which includes shadowing by an experienced staff member for all newly appointed staff, as well as induction of staff for short notice/emergency arrangements (If applicable).

The agency's induction standards are in line with the Northern Ireland Social Care Council standards for new workers in social care. The inspector noted the following areas covered during induction:

- Vulnerable adults
- Confidentiality
- Lone working
- Service users finances
- Risk assessment
- Support planning
- Health and safety
- Complaints
- Rotas
- Keyworking
- Policies and procedures.

Records examined evidenced that staff have received core mandatory and other relevant training. Records of induction, including short notice procedures and mandatory training, are retained within staff files reviewed.

The manager confirmed that staff have direct access to all policies and procedures which are held centrally within the agency or via the staff intranet. The manager reported that they undertake supervision with senior staff who in turn supervises support staff.

The inspector examined staff rotas for weeks beginning 13 June, 20 June, 27 June and 4 July 2016 and was satisfied that the agency's staff resources meet service user needs. Discussions with the manager indicated that an appropriate number of suitably skilled and experienced staff were available at all times.

The manager stated that all suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures. Where shortcomings in systems may have been highlighted as a result of an investigation, additional identified safeguards are put in place.

The two service users interviewed by the inspector stated that they felt safe and secure in their homes. Other comments from service users included:

- "I feel safe here."
- "Staff are very supportive."

Two returned questionnaires from staff indicated:

- Staff receive appropriate training for their role.
- Staff receive supervision and appraisal.

Comment:

- "Risk assessments are always reviewed and risks amended."
- "As well as a general risk assessment each service user has restrictive practice assessments."

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of requirements		Number of recommendations:	
-------------------------------	--	-----------------------------------	--

4.3 Is care effective?

The service users interviewed by the inspector stated that they are aware of whom they should contact if there any issues regarding their care. They said they would contact the manager.

Service user records viewed by the inspector evidenced regular contact and feedback received from service users had been followed up. These records evidenced that the HSC Trust carries out care reviews with service users if changes to their needs are identified. It was noted by the inspector in the agency's "*Preparation for my review*" document that service users have the opportunity to discuss the following areas with a staff member prior to their review:

- Things I have done since my last review.
- Things I have done really well and enjoyed doing since my last review.
- Things that have not gone well or problems I have had since my last review

- Things I would 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 supported living.
- How I'm treated by staff.
- Who I would like to invite to my review.

Service users' comments made during their reviews:

- "I have lots of activities."
- "I like living here."
- "I can talk to the staff."
- "I like the people I live with."
- "Staff are very good."
- "Safety and security is good."

The agency maintains a daily contact record for each service user. The manager confirmed that staff were provided with details of care planned for each new service user.

The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate. Service users are advised of independent advocacy services; the manager stated that the advocacy service provision is currently being updated by the agency.

The manager provided examples to demonstrate how staff promote service user independence, choices and respect. The service users interviewed were aware of whom they should contact if any issues arise regarding the service. The most recent review of monthly quality monitoring reports evidenced that working practices are being systematically reviewed, in relation to incidents and further service user feedback.

Care records examined reflected individualised assessments and person centred care plans, including choice and preferences, dignity and respect recorded in a manner which promotes the interests and independence of each service user. It was good to note that service users or their representatives are included in decision making regarding their care plan.

Service users are also given the opportunity to comment on the quality of the service. The agency is currently completing their Service Improvement Survey.

Service user's comments during the inspection:

- "Staff listen to me if I have any concerns."
- "All problems are resolved."

Two returned questionnaires from staff indicated:

- Service users get the right care, at the right time and with the best outcome for them.
- There are systems in place to monitor the quality/safety of the service you provide.

Comments:

- “Monthly keyworker meetings are a great opportunity to discuss changes in needs.”
- “The monitoring office speaks to all service users monthly.”
- “Tenants are encouraged to voice their opinion about service quality.”

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of requirements		Number of recommendations:	
-------------------------------	--	-----------------------------------	--

4.4 Is care compassionate?

The agency’s Statement of Purpose and Service Users Guide suggests that staff will ensure that the beliefs and values of each service user are embedded in the day to day operation of the service.

The service users interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff.

No concerns were raised regarding the staff treating the service users with dignity or respect. Service users are offered choices and are encouraged to complete tasks themselves when appropriate.

Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

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, professionals and staff. The agency’s reports of monthly monitoring provide assurance of quality monitoring and service improvement. The inspector has included some comments made by service users, staff and HSC Trust professionals during monitoring visits:

Service user’s comments:

- “I’m well supported.”
- “I’m treated very well here.”

HSC Trust comments:

- “Clients experience a good standard of care.”
- “Supported living works well.”
- “My client receives a good level of support.”

Staff comments:

- “Tenants are now benefiting from dedicated staff.”
- “Staff work well together.”
- “Staff time helps tenants.”

Service user’s comments during the inspection:

- “Staff are friendly and helpful.”
- “Staff are very easy to talk to and help with problems or concerns.”

Two returned questionnaires from staff indicated:

- Service users are treated with dignity and respect and involved in decisions affecting their care.
- That the people who use the service have their views listened to.

Comments:

- “We provide compassionate care and always person centered.”

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of requirements		Number of recommendations:	
-------------------------------	--	-----------------------------------	--

4.5 Is the service well led?

The manager reported that the agency are in the process of reviewing some individual systems and processes and where necessary making changes. This is being completed in consultation with senior management staff.

A number of policies and procedures in place are accessible to staff in hard copy and via the staff intranet. The agency complaints policy and procedures are reflected within the current Statement of Purpose and Service User Guide; both these documents have been updated by the agency.

The agency reported three incidents to the RQIA as required and it was evident that agency procedures had been followed in relation to these. Incidents form part of the monthly monitoring and actions are taken to address concerns.

A number of staff training events have taken place and mandatory training is up to date for all staff. Supervision related documents examined by the inspector showed clear evidence of compliance with the agency’s policy and procedures.

There was evidence of staff working in partnership with the commissioning HSC Trust; this was confirmed via records viewed, within care plans and through discussions with the manager. There is a whistleblowing policy and procedure in place.

There was evidence that staff were encouraged to be involved in the development and improvement of the service. There was evidence of regular and effective staff supervision, appraisal, and management of performance issues.

There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all staff. This is included in the agency’s current Statement of Purpose.

The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The agency has received one complaint during this period which was resolved satisfactorily. The agency has responded to all regulatory matters as and when required.

The arrangements in place to manage incidents and complaints include measures to prevent recurrence of issues. The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary. The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

Service user’s comments during the inspection:

- “The staff are excellent.”
- “**** is a good manager he listens to me if I have concerns.”

Two returned questionnaires from staff indicated:

- The service is managed well.
- We’re satisfied that quality monitoring is undertaken regularly for both staff/volunteers and people who use the service.

Comments:

- “Monthly monitoring is excellent, service users are asked about their view.”

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of requirements		Number of recommendations:	
-------------------------------	--	-----------------------------------	--

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews