

Unannounced Care Inspection Report 6 February 2017



Dumbarton House

Type of Service: Domiciliary Care Agency
Address: 79 Somerton Road, Belfast BT15 4DG
Tel No: 02890872121
Inspector: Joanne Faulkner

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Dumbarton House took place on 6 February 2017 from 10.00 to 15.30.

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

Is care safe?

Delivery of safe care was evident on inspection. The agency has in place effective recruitment, induction and training systems and endeavours to ensure that at all times there are appropriately skilled and experienced staff to meet the needs of individual service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust. The agency has in place systems to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. Service users indicated that they felt care provided to them was safe. One area for quality improvement was identified during the inspection in relation to the agency's recruitment policy.

Is care effective?

Delivery of effective care was evident on inspection. The agency responds appropriately to meet the needs of individual service users through the comprehensive assessment of need and the development and review of individualised care plans in conjunction with HSCT representatives. The agency has in place systems for reviewing and monitoring of quality, providing ongoing assurance of continuous improvement of services. There are systems in place to promote effective communication with service users and stakeholders. No areas for quality improvement were identified during the inspection.

Is care compassionate?

Delivery of compassionate care was evident on inspection. The inspector found that an ethos of respect, dignity, independence, and choice was embedded throughout staff attitudes and in the provision of individualised care. It was identified from observations made and discussion with staff and service users that agency staff value the views of service users and where appropriate their representatives. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a more fulfilling life. No areas for quality improvement were identified during the inspection.

Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. There are effective management and governance systems in place to meet the needs of service users. Agency staff indicated that they have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery.

Evidence of effective working partnerships with the HSCT representatives was evident during the inspection. No areas for quality improvement were identified during the inspection.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Maria McGoldrick, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 21 January 2016.

2.0 Service details

Registered organisation/registered person: Threshold (Richmond Fellowship NI Ltd)/Raman Kapur	Registered manager: Maria McGoldrick (Acting)
Person in charge of the service at the time of inspection: Maria McGoldrick (Acting)	Date manager registered: Maria McGoldrick – application not yet submitted

3.0 Methods/processes

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

- Discussion with the acting manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection
- Staff recruitment records

The following records were viewed during the inspection:

- Care records for three service users
- HSC Trust assessments of needs and risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Training and Induction Policy
- Recruitment and Selection Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Risk Assessment Policy
- Data Protection Policy
- Record Keeping Policy
- Complaints Procedure
- Confidentiality Policy
- Incident Policy
- Whistleblowing Policy
- Statement of Purpose
- Service User Guide

During the inspection the inspector spoke with the acting manager, two service users and two staff members.

The inspector provided questionnaires for completion by staff and service users; four service user and three staff questionnaires were returned to RQIA. Comments made by one service user were discussed with the manager prior to issuing the report.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

4.0 The inspection

Dumbarton House, located on Somerton Road in Belfast, is a supported living type domiciliary care agency, provided by Threshold (Richmond Fellowship NI Ltd). The agency provides

personal, domestic, social and financial support to service users with enduring mental ill-health issues. The support focuses upon the promotion of good mental health and independence.

The agency has the capacity to provide care and support to 12 service users within the facility of Dumbarton House. Referrals are accepted for people aged 45 years to 65 years. However, tenants can remain in their home if their care needs change or increase, as they have a secure tenancy.

The inspector would like to thank the acting manager, service users and agency staff for their support and co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the last care inspection dated 21 January 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 23 (1)(5)</p> <p>Stated: First time</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained records where appropriate the views of service user representatives.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the agency’s monthly quality monitoring records and noted that the views of service user representatives had been included in a number of the records. The inspector noted that a number of service users had not consented to permitting the person completing the monthly monitoring to contact their relatives.</p>	

4.2 Is care safe?

During the inspection the inspector reviewed current staffing arrangements in place within the agency.

The agency’s recruitment policy outlines the mechanisms for ensuring that required staff pre-employment checks are completed; it was identified that the policy needs to be updated to reflect checks required as outlined within the minimum standards. The acting manager could describe the process in place for ensuring that staff are not provided until all required checks have been satisfactorily completed.

Prior to the inspection the inspector visited that agency's human resources department and reviewed a number of staff recruitment records. It was identified that a comprehensive list detailing checks completed, and all relevant recruitment documentation, is retained by the agency's human resources department. Records viewed and discussions with staff indicated that the agency has in place a robust system for recruiting staff.

The agency's training and development policy outlines the induction programme; from discussions with the acting manager and staff it was identified that staff are required to complete a six month induction which was noted to include an initial two week induction/orientation programme. It was identified that the initial induction involves staff shadowing other staff employed by the agency; in addition staff are required to complete an induction workbook.

From records viewed the inspector identified that the agency retains a record within the agency of the induction programme provided to staff.

The agency has a process for the induction of short notice/emergency staff and for verifying their identity prior to supply. The inspector viewed staff profiles provided to the agency in advance of the persons being supplied; it was noted that staff are accessed from within the organisation. The acting manager could describe the process for ensuring that staff provided at short notice have the knowledge, skills and experience to fulfil the requirements of the role.

Discussions with staff indicated that they had the required knowledge and skills to fulfil the requirements of their job roles. Staff could describe the process for accessing the agency's policies and procedures and are provided with a staff handbook.

The agency's staff rota information which was viewed by the inspector reflected staffing levels as described by the acting manager and staff. Discussions with the acting manager, staff and service users indicated that the agency endeavours at all times to ensure that there are appropriately skilled staff to meet the needs of service users. The acting manager and staff describe recent challenges in relation to staffing levels and also staff vacancies; they could clearly describe the processes in place to ensure that the needs of the individual service users are met. The inspector discussed with the acting manager the rota information clearly denoted the names of staff provided.

The agency's supervision and appraisal policies outline the frequencies and processes to be followed. It was identified that the agency maintains a record of supervision and appraisal meetings; records viewed indicated that staff have been provided with supervision and appraisal in accordance with the agency's policies. Staff who spoke to the inspector felt that supervision was beneficial to their roles; they described the additional support provided on a weekly basis such as weekly clinical supervision facilitated by a psychotherapist and weekly staff dynamic sessions lead by an external facilitator.

The acting manager could describe their role in relation the monitoring of staff training, and additionally in identifying training needs of individual staff. Staff stated that they are required to complete mandatory training and in addition training specific to the needs of individual service users and could describe the process for highlighting their individual training needs. The agency has in place a system for recording staff training; it was noted that details of training completed are maintained by the acting manager and the agency's training officer. The inspector viewed records relating to staff training retained by the agency; it was noted that a number of staff required training updates in safeguarding vulnerable adults; following the inspection the acting manager provided details of relevant training planned to address any

outstanding training. It was noted that staff are required to complete a reflective tool for training attended.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. It was noted that the agency has in place a policy relating to the safeguarding of vulnerable adults. The acting manager described the agency's response to the DHSSPS regional guidance, 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation is currently reviewing their policy and procedures to reflect information contained within the guidance.

The inspector reviewed the agency's records maintained in relation to safeguarding vulnerable adults. From records viewed and discussions with the acting manager it was identified that there have been no referrals made by the agency to the HSC Trust in relation to safeguarding vulnerable adults since the previous inspection. It was noted that safeguarding referrals are audited by the person completing the agency's monthly quality monitoring visit.

The inspector noted that agency staff are provided with training in relation to safeguarding vulnerable adults during their initial induction programme and in addition are required to complete an update two yearly. It was identified that a number of staff required training updates; following the inspection the inspector was provided with details of training dates planned. Staff who spoke to the inspector demonstrated that they had a clear understanding of safeguarding issues and could describe the procedure for identifying and reporting concerns. Staff had knowledge of the agency's whistleblowing policy and could describe their responsibility in highlighting and raising concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety.

The agency's risk assessment and support planning policy outlines the processes for assessing and reviewing risk; it was noted from discussion with staff that risk assessments and management plans are completed in conjunction with service users, their HSCT representatives, and where appropriate their relatives. It was noted from records viewed and discussions with staff that risk assessments and care plans are reviewed eight weekly or more frequently if required. The inspector noted that governance arrangements in place include an audit of risk assessments and any practices deemed to be restrictive; the acting manager stated that there are no restrictive practices currently in place. Care records viewed evidenced that service users receive a six monthly review involving their HSCT representative.

The agency's registered premises are located within the same building as the service users' homes; the premises are suitable for the operation of the agency as described in the Statement of Purpose.

Four service user and three staff questionnaires were returned to the inspector; responses received indicated that all staff and three service users were satisfied the care provided is safe.

Service user comments

- 'I love it here; I never want to move.'
- 'I enjoy the company.'
- 'The staff are great.'
- 'I am happy with everything.'
- 'I have no worries.'

- ‘More key work is needed.’

Staff comments

- ‘I got induction training and shadowed for two weeks when I started.’
- ‘We have enough staff to meet the needs of the service users but there have been a lot of staff changes.’
- ‘Service users are safe here.’
- ‘We get weekly clinical supervision.’
- ‘Training is good; it can be difficult to get time off for training when staff leave or are on annual leave.’

Areas for Improvement

One area for improvement was identified during the inspection in relation to the agency’s recruitment policy.

Number of requirements	0	Number of recommendations	1
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4.3 Is care effective?

The inspector reviewed the agency’s arrangements for appropriately responding to and meeting the assessed needs of service users. Details of the nature and range of services provided is detailed within the Statement of Purpose and Service User Guide.

The agency’s data protection and record keeping policies outline the systems and processes in place for the creation, storage, retention and disposal of records. From a range of records viewed by the inspector it was identified that records were maintained in accordance with the agency’s policies and procedures and relevant legislation and guidelines.

Service users stated that they are involved in the development of their care plans and that their keyworker discusses their care needs with them on an ongoing basis.

It was noted from discussions with staff and documentation viewed that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users.

The agency’s processes in relation to the review of the quality of the service being provided includes a monthly quality monitoring visit completed by a manager from within the organisation. Records viewed included comments made by service users, staff and where appropriate relevant professionals. The information indicates that a review of accidents, incidents or safeguarding concerns and in addition audits of staffing, training, agency documentation and financial management arrangements are completed. The inspector noted that an action plan is developed.

The agency’s systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users, and staff, and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. The inspector noted that one service user receives support from a translator due to their communication needs. The inspector viewed minutes of service user and staff meetings and noted that the comments and views of service users and staff are included.

The agency facilitates weekly tenants’ meetings; service users stated that they are encouraged to attend. It was noted that the agency maintains a record of all compliments and complaints and that service users are provided with a copy of the complaints procedure. Service users who spoke to the inspector could describe the procedure for making a complaint and raising concerns with staff.

Discussions with the acting manager indicated that the agency seeks to maintain effective working relationships with the HSCT and other stakeholders; they could describe examples of ongoing liaison with HSCT professionals to achieve better outcomes for service users.

Four service user and three staff questionnaires were returned to the inspector; responses received indicated that all staff and three service users were satisfied the care provided is effective.

Service users’ comments

- ‘Staff are great; I talk to staff if I am worried.’
- ‘I help staff with counting the money.’
- ‘This is the first time in five years I have not been in hospital.’

Staff comments

- ‘All service users have a named keyworker.’
- ‘We have a good team.’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

During the inspection the inspector sought to assess the agency’s ability to treat service users with dignity, respect and to fully involve service users in decisions affecting their care, support and life choices.

Discussions with service users, and staff, and observations of staff interactions made during the inspection indicated that the promotion of values such as dignity, choice, independence and respect were embedded in the culture and ethos of the organisation. It was identified that service users are provided with human rights information. The agency issues annual questionnaires to service users; it was noted from records viewed that a number of service users had indicated that they felt staff respected their views.

Staff stated that the choices of service users are central to the care provided; they stated that service users are supported to take positive risks to enable them to live a more fulfilling life. Staff describe the methods used to ensure that service users are involved in discussions relating to their care and support such as weekly community meetings and one to one keyworker sessions.

Discussions with service users, staff, and observations of staff interaction with service users indicated that care and support is provided in a person centred manner. Care plans viewed were written in an individualised manner; service users stated that they are involved in making decisions regarding the care and support they receive. Records of tenant meetings included comments made by service users.

The inspector noted that the views of service users and where appropriate their representatives were recorded in a range of the agency’s documentation. Processes to record and respond to service users are maintained through the agency’s complaints and compliments processes; annual questionnaires; monthly quality monitoring visits; six monthly review meetings involving the HSCT representatives; and weekly community meetings.

During the inspection the inspector observed that staff supported service users to make choices regarding their daily routine and activities; service users indicated that they can make choices about all aspects of their care and that staff treat them with respect. Records viewed and discussions with staff and service users indicated that service users are involved in decision making on a wide range of matters such as care needs, meals, activities and shared facilities.

Four service user and three staff questionnaires were returned to the inspector; responses received indicated that all staff and three service users were satisfied the care provided is compassionate.

Service users’ comments

- ‘I get on well with the other people.’
- ‘I can do what I want.’
- ‘I have been on holiday.’
- ‘I still go out and about for meals and coffee.’

Staff comments

- ‘Service users have choice; they come and go as they want.’
- ‘We support service users to become more independent.’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was identified that the agency has in place a range of policies and procedures in accordance with those denoted within the minimum standards. The inspector noted that the agency’s policies and procedures are retained in paper format stored within the agency’s office. Staff could describe the process for accessing the agency’s policies and procedures.

Discussions with the acting manager and relevant records viewed indicated that the agency’s governance arrangements promote the identification and management of risk; these include

access to relevant policies and procedures and monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure in handling complaints; staff could describe the process for managing complaints. Records viewed and discussions with the acting manager indicated complaints received had been managed appropriately and in accordance with the agency's procedures.

The inspector viewed evidence that indicated that the agency has in place management and governance systems to drive quality improvement. During the inspection the inspector viewed records of staff training, induction, supervision and appraisal.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability and roles of staff. Staff stated that they are provided with a job description.

Staff could describe the responsibilities of their individual job roles; service users were aware of staff roles and knew who to talk to if they had a concern. Staff could describe the process for accessing additional support or guidance including gaining advice out of office hours or whilst lone working.

The registered person has worked effectively with RQIA to operate the service in accordance with the regulatory legislation.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

The acting manager and staff could describe the benefits of promoting and establishing effective collaborative working relationships with HSCT representatives and other stakeholders.

Discussions with the acting manager provided assurances that there are effective working relationships maintained by the registered person and senior managers with agency staff. Staff and service users indicated that the acting manager is approachable and supportive.

Four service user and three staff questionnaires were returned to the inspector; responses received indicated that all staff and three service users were satisfied the service is well led.

Staff comments

- 'I feel supported; we have a good team.'
- 'The weekly staff dynamics session allows us to be open and honest; we can bring issues up.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Maria McGoldrick, Acting Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the Domiciliary Care Agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation Ref: Standard 11.1 Stated: First time To be completed by: 6 May 2017	<p>The registered provider should ensure that the agency's Recruitment Policy includes a full list of pre-employment checks required to be completed prior to an offer of employment.</p> <p>Response by registered provider detailing the actions taken: The agency's recruitment policy has been up-dated to include a full list of pre-employment checks that are required to be completed prior to an offer of employment and is currently in place at Dumbarotn house.</p>

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



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