



The Regulation and
Quality Improvement
Authority

Dumbarton House
RQIA ID: 10762
79 Somerton Road
Belfast
BT15 4DG

Inspector: Joanne Faulkner
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**Unannounced Care Inspection
of
Dumbarton House**

21 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 21 January 2016. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. One area for improvement was identified and is set out in the Quality Improvement Plan (QIP) appended to this report. 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	1	0

The details of the QIP within this report were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Threshold (Richmond Fellowship NI Ltd)/Raman Kapur	Registered Manager: Elizabeth Anne King
Person in Charge of the Agency at the Time of Inspection: Elizabeth Anne King	Date Manager Registered: 10 February 2009
Number of Service Users in Receipt of a Service on the Day of Inspection: Nine	

Dumbarton House, located on Somerton Road in Belfast, is a supported living type domiciliary care agency, provided by Threshold Care Services. 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.

At the time of the inspection there were 10 service users living in Dumbarton House.

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:

- Discussion with the person in charge and registered manager
- Examination of records
- Consultation with service users and staff
- File audit
- Evaluation and feedback

During the inspection the inspector met with two service users and three staff.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- Three care and support plans
- HSC trust assessments
- Care review records
- Recording/evaluation of care provided by the agency
- Monthly quality monitoring reports
- Community meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Staff register
- Complaints register
- Staff Handbook (December 2014)
- Recruitment and Selection Policy (March 2014)
- Induction procedure
- Supervision/Appraisal Policy (2013)

- Disciplinary Procedure (December 2014)
- Whistleblowing Policy (2013)
- Needs, Risk Assessment and Support Plan Policy (January 2013)
- Agency's rota information

Questionnaires were completed by five service users during the inspection; they indicated that:

- Service users are very satisfied that staff support them to feel safe and respond to their needs.
- Service users are confident that staff have the knowledge to care for them.
- Service users are satisfied with current staffing levels.
- Service users are satisfied with the care and support they receive.

Staff questionnaires were completed by four staff following the inspection; they indicated the following:

- Staff are satisfied that the induction process prepared them for their role.
- Staff are satisfied that the care is delivered in a person centred manner.
- Staff are satisfied that concerns raised are taken seriously.
- Staff are satisfied that service users are listened to and that the views of service users are taken into account in the way services are delivered.
- Staff are satisfied that at all times there is an appropriate number of suitably skilled and experience persons to meet the service users' needs.

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

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 28 July 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14. (b)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect.</p> <p>This relates to the registered person ensuring that policies and procedures in relation to arrangements for staff accessing food and drink whilst on duty in a service user's home are developed and implemented.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector viewed the agency's policy for staff food. It details the arrangements for staff accessing food whilst on duty in a service user's home.</p>	
Requirement 2 Ref: Regulation 14. (d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(d) so as to ensure the safety and security of services users' property, including their homes.</p> <p>This relates to the registered person ensuring that two staff signatures are recorded in the safe contents reconciliations records.</p>	Met
	<p>Action taken as confirmed during the inspection: The agency's safe contents record was viewed by the inspector. It was identified that two staff signatures are recorded for each entry.</p>	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 9.4	<p>It is recommended that the registered person ensures that policies are reviewed and are dated when issued, reviewed or revised.</p> <p>This recommendation relates to the Agency's finance policy.</p> <hr/> <p>Action taken as confirmed during the inspection: The inspector viewed the agency's updated finance policy and procedures.</p>	Met

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

Is Care Safe?

The agency has in place a recruitment policy; pre-employment checks are completed prior to a person being supplied to provide care. The manager stated that a record is retained by the agency's human resources department. The agency maintains an alphabetical index of all domiciliary care workers supplied or available for supply. Prior to employment staff are required to complete a medical assessment. The manager could describe the process for managing absence from work and return to work; they described the individualised support provided to enable staff to return to work.

Staff stated that they had received induction prior to delivering care and support lasting at least three days; in addition a full induction programme is completed within the initial 10 weeks of employment. A record of the induction programme provided is maintained. Staff stated that they are required to shadow existing staff in the service users' homes. It was noted that staff are provided with a handbook and have access to the agency's policies and procedures.

The manager stated that due to the needs of the service users emergency staff cover is normally provided by staff presently employed within the organisation.

The agency's policies and procedures for staff supervision and appraisal outline the frequency and processes to be followed. Staff stated that they receive supervision; it was noted that the agency facilitates weekly staff meetings. Agency staff receive annual appraisal; records are maintained of supervision and appraisal.

Is Care Effective?

Discussions with the manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. Staff rota information viewed reflected staffing levels as described by the manager; it was identified that the agency's rota information detailed the full name of staff supplied. The inspector viewed the agency's staff rota for the forthcoming days and noted that staff were allocated shifts as required.

Staff stated that they are provided with a job description; staff could describe their roles and responsibilities. Staff stated that they felt competent to fulfil the requirements of their job.

The induction record maintained records the detail of any evaluation completed with staff during the induction period. The agency provides mandatory training to all staff; it was noted that staff have received training specific to the needs of individual service users.

It was identified that those staff providing supervision have received appropriate training. Staff stated that they can discuss individual training needs with the manager at any time or during supervision.

Staff were aware of the whistleblowing policy and their responsibility in highlighting concerns.

Is Care Compassionate?

The agency maintains a record of comments made by service users at the community meeting relating to staffing arrangements. Service users stated that they are introduced to new staff members; staff could describe the effect of staff changes on service users and the importance of ensuring continuity.

Training records viewed indicated that staff have received the required mandatory training and in addition training specific to the needs of service users. The manager could describe the process for identifying outstanding mandatory training which involves input from the organisation's training manager who monitors training needs. It was identified from records viewed that outstanding training updates had been planned.

Service users who met with the inspector stated that staff respect their views and wishes and that their privacy and dignity is respected.

The agency has a process for managing unsatisfactory performance of a staff member; the manager could describe the detail of the disciplinary policy.

Service User Comments:

- "I like it here."
- "The one to one session with my keyworker helps me talk about my problems."
- "I get on well with the staff."
- "I like the staff."
- "I can talk to the staff at any time."
- "I attend review meetings."

Staff Comments:

- "I received a two week induction."
- "The training manager keeps a record of all training."
- "We have a staff dynamics group; it is really good for addressing issues among the staff team."
- "There is good teamwork here."
- "I have learnt a lot since coming to work here."
- "I feel supported in my role; the manager is approachable."

- “I get monthly supervision and an annual appraisal.”

Areas for Improvement

There were no areas for improvement identified within Theme 1.

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?

The agency's needs, risk assessment and support plan policy outlines the process for completing individual assessment of needs and for developing care and support plans. Assessments of need and risk assessments viewed include the views of service users and where appropriate their representatives. It was identified that, in addition to the assessments completed by the agency, the agency had received a range of assessments from the referring HSC trust. Service users stated that they are involved in the completion of individualised care and support plans and that their views are reflected.

Documentation viewed and discussions with staff and service users provided evidence of positive risk taking in collaboration with the service user and where appropriate their representatives. Staff described a stepped approach in supporting service users to take positive risks and could describe the benefits of positive risk taking and their role in supporting service users to live as full a life as possible.

Is Care Effective?

Service users stated that they are encouraged to participate in reviewing their care in conjunction with an HSC trust representative six monthly. Staff record daily the care and support provided and care plans are reviewed six monthly or as required. Service users are encouraged to meet weekly with their identified key worker within the agency to discuss their care and support.

Service users stated that they were involved in developing their care and support plans and stated that their views and wishes are reflected. Care plans viewed are written in an individualised manner and contain information specific to the needs of individual service users.

The agency facilitates weekly community meetings; records viewed record the views and comments of service users. Service users are encouraged to complete questionnaires in relation to the care and support they receive from the agency. Service users are informed of the agency's complaints procedure; the agency maintains a record of all compliments and complaints. Monthly monitoring visits are completed and records viewed indicate engagement with service users.

Service users have been provided with the human rights information; details of an advocacy service are contained within the agency's service user guide.

Is Care Compassionate?

Staff were aware of the benefits of consulting with service users in relation to all aspects of their care and support. Discussions with staff and service users indicate that service users receive care in an individualised manner. Records of the weekly community meetings indicate the participation of service users.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users.

The manager could describe the process for engaging with the HSC trust regarding service user capacity and consent issues.

Service User Comments:

- “Staff listen to me.”
- “Staff talk to me about my mental health.”
- “I can come and go when I want.”
- “I meet my keyworker every week; I can talk to any of the staff at any time.”
- “I go out to for coffee with my friend.”
- “Staff have supported me to be more confident.”

Staff Comments:

- “Service users can make their own choices.”
- “Service users are involved in developing their individual care plans.”
- “Service users are encouraged to attend one to one sessions with their key worker and group work sessions.”
- “Service users are encouraged to live as independently as possible; one service users is now living independently in community.”

Areas for Improvement

There were no areas for improvement identified within Theme 2.

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

5.5.1 Monthly Quality Monitoring

The inspector viewed the agency’s quality monitoring documentation in place and noted that monthly monitoring visits are completed by a project manager. Documentation viewed recorded the views of service users; however it was noted that records did not contain the views of relatives, and where appropriate, professionals. The manager discussed the difficulty in engaging with relatives. The documentation details any incidents or safeguarding concerns; it was noted that an action plan is developed.

5.5.2 Complaints

The agency has received two complaints for the period 1 January 2014 to 31 March 2015; this was verified by records viewed. The agency's complaints policy outlines the procedure in handling complaints; records viewed indicated that the policy and procedures had been followed.

Areas for Improvement

There was one area for improvement identified:

Regulation 23. (1)(5)

This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained records where appropriate the views of service user representatives.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to RQIA's office and assessed by the inspector.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 23 (1)(5)</p> <p>Stated: First time</p> <p>To be Completed by: 21 April 2016</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>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Quality monitoring is carried out monthly by a manager from another Unit. We asked residents how they felt about a questionnaire in relation to the care/support they received in Dumbarton being sent to their families. Some stated they did not want this to happen, and have signed confirming this. Other were happy with this happening, so I have sent a copy of the questionnaire that will be used to get the views of service user representatives, and also a list of residents names and their wishes. I have given copies of the list and questionnaire to the monitoring officer.</p>

Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	Joanne Faulkner	Date Approved	23/3/16

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

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 in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.