

Unannounced Care Inspection Report

28 September 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

The agency has the capacity to provide care and support to 12 service users within the facility of Dumbarton House.

3.0 Service details

Organisation/Registered Provider: Threshold (Richmond Fellowship NI Ltd)	Registered Manager: Elizabeth Anne King
Person in charge at the time of inspection: Project worker	Date manager registered: 10/02/2009

4.0 Inspection summary

An unannounced inspection took place on 28 September 2017 from 10.30 to 15.30.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to service user engagement, staff recruitment, communication with Health and Social Care Trust (HSCT) representatives and the quality monitoring process.

Areas for improvement were identified in relation to the agency's policies and procedures; one area of improvement identified during the previous care inspection was assessed as not met and will be stated for a second time.

Comments made by service users during the inspection and from completed questionnaires are included within the report.

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

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge 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.

4.2 Action/enforcement taken following the most recent care inspection dated 6 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 6 February 2017.

5.0 How we inspect

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

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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

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

During the inspection the inspector met with the person in charge, one service user and one staff member.

The following records were viewed prior to and during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Service user meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Supervision Policy
- Risk Management Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Complaints Policy
- Information Governance and Data Protection Policy
- Statement of Purpose
- Service User Guide

Prior to the inspection the inspector visited that organisations' Human Resources (HR) department to review the agency's staff recruitment records; details of the findings are included within the report.

Following the inspection questionnaires were provided for completion by staff and service users; one staff questionnaire was returned to RQIA.

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 6 February 2017

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 6 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Recommendation Ref: Standard 11.1 Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: The inspector viewed the agency's recruitment policy and noted that it did not include a full list of pre-employment checks required to be completed prior to an offer of employment.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's systems in place to avoid and prevent harm to service users; which included a review of staffing arrangements in place within the agency were reviewed during the inspection.

The agency's staff recruitment process is managed by the organisation's Human Resources (HR) department. The inspector visited the organisation's HR department on 23 January 2017 and reviewed a number of individual staff personnel records; records viewed included details of the recruitment processes and evidence of pre-employment checks completed.

Documentation viewed and discussions with HR personnel during the visit indicated that the organisation's recruitment systems are effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed.

The agency's recruitment policy details the process for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment; it was identified that the policy needs to be updated to reflect checks required as outlined within the minimum standards. Staff records held at the agency's office were noted to be retained securely.

The agency's induction policy outlines the induction programme lasting in excess of the three day timescale as required within the domiciliary care agencies regulations; it was noted that staff are required to complete a 10 week induction programme. Staff are required to complete an induction workbook; it was identified that the agency maintains a record of staff induction. Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

Staff who spoke to the inspector indicated that their induction and training programmes had equipped them with the required knowledge and skills for their job roles; they could describe the process for requesting additional training if required.

It was identified from discussions with the person in charge that relief staff are accessed from another registered domiciliary care agency; they described the process for ensuring that any staff provided at short notice have the skills to fulfil the requirements of the job role. The inspector viewed staff profiles for relief staff and noted that they contained information in relation to the individuals training, experience, induction and the status and expiry date of registration with the NISCC.

Discussions with the person in charge and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. Staff described the recent challenges experienced as a result of staff absences, vacant posts and the availability of permanent staff. Staff stated that they have been required to work additional hours and avail of relief staff to ensure that there was adequate staff to meet the assessed needs of service users. The person in charge stated that the agency is in the process of recruiting additional staff.

The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge. Service users who spoke to the inspector felt that there is enough staff to meet their needs.

The agency's staff supervision and appraisal policies outline the timescales and processes to be followed; it was noted that the supervision policy contains conflicting information in relation to the timescales for the completion of staff supervision. The agency maintains a record of staff supervision and appraisal; records viewed by the inspector indicated that staff receive supervision and appraisal in accordance with the agency's policies and procedures. It was identified that the agency facilitates a staff meeting; clinical supervision and therapeutic group supervision on a weekly basis; staff could describe the benefits of these processes.

The inspector viewed the agency's system for recording staff training; the person in charge could describe the process for identifying training needs. It was identified that staff are required to complete required mandatory training and in addition a wide range of training specific to the needs of individual service users and the therapeutic care model. Staff were aware of their responsibility for ensuring that required training updates are completed. It was noted that staff are required to complete an evaluation following training received. Staff training is reviewed by the person completing the agency's monthly quality monitoring visit and in addition by the organisation's training officer; it was noted that the person completing the quality monitoring visit in July 2017 had identified an area of improvement in relation to the organisation of training records.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was identified that the organisation's updated policy and procedures reflect information contained within the regional policy. The policy and procedures outline the procedure for staff in relation to reporting concerns. The agency has an identified Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC.

Discussions with staff demonstrated that they had a clear understanding of adult safeguarding matters and the process for reporting concerns. It was identified from discussions with the person in charge and training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition regular updates.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. It was noted that the agency retains details of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Documentation viewed and discussions with the person in charge indicated that the agency has made no referrals in relation to adult safeguarding since the last care inspection.

The agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety was assessed during the inspection. The inspector viewed records held in relation to an agreed restrictive practice in place; it was identified that they were reviewed and updated regularly; service users indicated that they had agreed to the restriction.

The inspector noted that the agency receives a range of information and assessments relating to service users prior to them receiving care and support. Service users are supported to participate in the development of their individualised care and support plans and in an annual review involving their HSCT keyworker.

It was identified from discussions with staff and records viewed that care and support plans are reviewed as required; staff record daily the care and support provided to service users. Staff stated that due to current staffing arrangements they are required to provide keyworker support to an additional number of service users.

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

One staff questionnaire was returned to RQIA; it indicated that the staff member was satisfied that care provided is safe.

Comments received during inspection.

Service users' comments

- 'Staff are brilliant.'
- 'I feel safe.'
- 'Staff are really good.'
- 'I am happy here.'
- 'It's good here.'

Staff comments

- 'Not enough staff and permanent staff are under pressure to provide care and cover shifts.'
- 'Training is good.'
- 'Service users are safe.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's staff recruitment processes, supervision and appraisal, and adult safeguarding.

Areas for improvement

One area for improvement which was identified during the previous inspection in relation to the agency's recruitment policy was assessed as not met and has been restated. In addition it was identified that the agency's supervision policy needs to accurately detail the timescales for supervision.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 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 and meeting the assessed needs of service users. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User guide.

The agency's data protection policy outlines the processes for the creation, storage, retention and disposal of records. Records viewed both prior to and during the inspection indicated that they were maintained in accordance with legislation, standards and the organisational policy. It was identified that staff personnel records viewed at the organisation's head office prior to the inspection were retained in an organised, secured manner; records held in the agency's office were noted to be retained securely.

Staff could describe the methods used for supporting service users to effectively engage in the care planning process and therapeutic model. Service users could describe how staff support them to be involved in the development of their individual care plans and in making decisions about their care and support. It was identified that care and support plans are reviewed and updated quarterly.

The inspector reviewed the agency's arrangements for monitoring, auditing and reviewing the effectiveness and quality of care delivered to service users. The agency has a system for undertaking monthly quality monitoring visits; it was noted that the process seeks to obtain feedback from service users in relation to the quality of care and support provided.

The inspector viewed the records of monthly quality monitoring visits completed and the action plans developed; records viewed indicated that the process is effective in identifying areas for improvement. Documentation viewed was noted to include comments made by service users. The record included details of the review of accidents, incidents or safeguarding referrals, restrictive practices, complaints, staff training and staffing arrangements.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. Discussions with the staff and service users, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately and respectfully with service users.

Staff who spoke to the inspector were knowledgeable about the individual needs and preferences of service users. Information relating to advocacy services is detailed in the agency's organisational policy.

The agency facilitates weekly community meetings for service users and staff; a record of the issues discussed is retained. The agency encourages daily contact with service users to discuss concerns and needs.

Staff could describe processes in place to maintain effective working relationships with the HSCT representatives and other relevant stakeholders.

One staff questionnaire was returned to RQIA; it indicated that the staff member was satisfied that care provided is effective.

Comments received during inspection.

Service users' comments

- 'It is like a five star hotel.'
- 'I have no worries here.'
- 'Staff help me with everything.'

Staff comments

- 'Care is being done but proper staffing would help greatly.'
- 'Service users can do what they want; we support them to do activities they want to do.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to record keeping, auditing arrangements and effective communication with service users and relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 inspector reviewed the agency's ability to treat service users with dignity, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

Staff could describe the processes in place to ensure confidentiality of service user information. Discussions with service users and staff, and observations of staff and service user interactions made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture of the organisation. One service user could describe the processes used by staff to support them in making decisions about the care and support they receive; they stated that they can make their own choices.

Staff could describe the procedures in place for effectively supporting service users to make informed choices and for endeavouring to provide care and support in an individualised manner. Staff described the challenges in providing one to one support due to current staffing arrangements.

It was identified from discussions with service users, staff and information viewed that the agency has a range of systems in place to support them in effectively engaging with service users; and for recording comments made by them and were appropriate their representatives. Records of weekly community meetings, keyworker meetings, service user care review meetings and reports of quality monitoring visits indicated that the agency endeavours to engage with service users and where appropriate their representatives.

The agency has systems in place to promote effective engagement with service users and for responding to the comments made by them; they include the agency's quality monitoring process; complaints process; annual care review meetings and weekly community meetings. The agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

The person in charge stated that the agency can provide information in an alternative format if required, to support service users to be effectively engaged in decisions about their care. The agency has ongoing liaison with an interpreter to ensure effective engagement and communication with one individual service user.

One staff questionnaire was returned to RQIA; it indicated that the staff member was satisfied that care provided is compassionate.

Comments received during the inspection process.

Service users' comments

- 'I can do what I want; I go out to visit my mother.'
- 'I go out on the bus; I go to church.'
- 'I like getting out with staff to concerts.'

Staff comments

- 'Service users are given choice and supported to be as independent as possible.'

Areas of good practice

There were examples of good practice identified in relation to the agency's processes for engaging with service users and relevant stakeholders and in endeavouring to provide care and support in an individualised manner.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 agency has systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The agency is managed on a day to day basis by a registered manager and a number of project workers. Staff could describe the procedure for obtaining support and guidance from senior management within the organisation if required.

The inspector reviewed the agency's procedures in place for auditing and reviewing information with the aim of promoting safety and improving the quality of life for service users; this included the review of risk assessments and care plans for individual service users. It was noted from records viewed and discussions with the person in charge that the agency's governance arrangements promote the identification and management of risk; these include provision of required policies, monthly audit complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency has a range of policies and procedures that are retained in a paper format stored within the agency's office; staff can access. During the inspection the inspector viewed a number of the organisation's policies; it was identified the recruitment and supervision policies are required to be reviewed and update in accordance with the minimum standards. In addition it was noted that the agency's complaints and confidentiality policies are required to be reviewed and updated in accordance with timescales outlined within the minimum standards. Staff stated that they are required to sign new policies to indicate that they have read and understood the information.

The agency's complaints policy and procedure outlines the process for managing complaints; discussions with staff indicated that they had an understanding of the actions required in the event of a complaint being received. Staff stated that they received training in relation to managing complaints during their induction programme. Service users indicated that they knew who to speak to if they had a complaint or concern.

The agency retains a record of complaints or compliments received; it was noted from discussions with staff and records viewed that the agency has received no complaints since the previous inspection. The inspector identified from records viewed that the agency keeps a record of the outcome of the investigation of individual complaints.

It was identified from records viewed and discussions with the person in charge during the inspection that the agency has in place governance systems to monitor and improve the quality of the service provided; these include arrangements for the monthly monitoring of staffing arrangements, incidents, accidents safeguarding referrals and complaints. Prior to and during the inspection the inspector viewed evidence of appropriate staff recruitment, training, supervision and appraisal.

The organisational and management structure of the agency is outlined in the Statement of Purpose and service user handbook. Staff who met with the inspector had a clear understanding of their individual job roles; they stated that the organisation provides opportunity on a weekly basis for them to discuss concerns or issues. Staff demonstrated that they had a clear understanding of the process for raising concerns and had knowledge of the agency's whistleblowing policy.

Staff who met with the inspector stated that the manager is approachable and supportive and could describe the process for obtaining additional support if required. Staff described the additional support provided by the manager during the shortage of permanent staff. Service users were aware of staff roles and knew how to get help or advice from staff.

There was evidence of ongoing, effective collaborative working with relevant stakeholders, including HSCT representatives.

Staff are required to be registered with NISCC or other appropriate regulatory body; the person in charge stated that a record is maintained by the agency's HR department and a copy of individual staff certificates are retained by the agency. Discussions with the person in charge provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not registered.

One area for improvement identified following the previous care inspection was assessed as not met and will be stated for a second time. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

One staff questionnaire was returned to RQIA; it indicated that the staff member was satisfied that the service is well led.

Comments received during inspection.

Service users' comments

- 'Staff are great; they will do anything for you.'

Staff comments

- 'We have a good team, we help each other; we have had to pull together due to the staffing issues.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements and management of complaints and incidents.

Areas for improvement

One area for improvement was identified during the inspection in relation to the agency's policies and procedures.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 11.1 Stated: Second time To be completed by: 28 December 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>Ref:6.2</p> <p>Response by registered person detailing the actions taken: Attached is the amended Recruitment Policy 210 + 210.1</p>
Area for improvement 2 Ref: Standard 13.2 Stated: First time To be completed by: 28 December 2017	<p>The registered person shall ensure that the agency's policy and procedures detail the arrangements for and frequency of supervision and staff appraisal.</p> <p>Ref:6.4</p> <p>Response by registered person detailing the actions taken: See amended policy attached This has been amended in the supervision policy to state that supervision will take place every 4 weeks as a minimum.</p>
Area for improvement 3 Ref: Standard 9.5 Stated: First time To be completed by: 28 December 2017	<p>The registered person shall ensure that policies and procedures are subject to a systematic 3 yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p>Ref:6.7</p> <p>Response by registered person detailing the actions taken: Registered person will ensure that policy and procedures are reviewed every three years. Evidence attached.</p>

Please ensure this document is completed in full and returned via Web Portal

Lana Kfir
 21/12/17



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