

Care Inspection Report

4 August 2016



NIAMH Moylena Court

Type of service: Domiciliary Care Agency
Address: 1 Moylena Court, Cunningham Way, Antrim BT41 4AG
Tel No: 02894466767
Inspector: Joanne Faulkner

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Niamh Moylena Court took place on 4 August 2016 from 10.30 to 16.00.

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?

Delivery of safe care was evident on inspection. The agency has in place robust recruitment, staff training and induction systems and ensures that there is at all times an appropriate number of suitably qualified, competent and experienced staff to meet the needs of service users. The welfare, care and protection of service users is promoted through the identification of safeguarding concerns, implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust. The agency has systems in place for ensuring the identification, prevention and management of risk and to promote positive outcomes for service users. Service users indicated that they felt care provided to them was safe. No areas for improvement were identified during the inspection.

Is care effective?

Delivery of effective care was evident on inspection. The agency responds appropriately to meet the needs of service users through the comprehensive assessment of need and the development of individualised care plans. The agency has in place systems for reviewing and monitoring of quality of care in conjunction with service users, and where appropriate their representatives, and for providing ongoing assurance of continuous service improvement. There are robust systems in place to promote effective communication with service users and stakeholders; this was verified by observations made and discussions with service users during the inspection. No areas for improvement were identified during the inspection.

Is care compassionate?

Delivery of compassionate care was evident during the inspection. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes and the provision of individualised care. It was noted from observations made and discussions with service users and staff that staff value and respect the views of service users. 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 meaningful life. The inspector identified evidence of a range of positive outcomes for service users. The agency has effective systems in place for obtaining and responding to the views and opinions of service users and their representatives. No areas for 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.

The agency has in place management and governance systems to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the organisational structure, and have confidence in the lines of accountability. The registered person operates the agency in accordance with the Minimum Standards and fulfils their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. Evidence of effective and collaborative working partnerships with HSC Trust representatives and other external stakeholders was evident during the inspection. No areas for improvement were identified during the inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards 2011, 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 Sarah Taggart, Assistant manager, as part of the inspection process and additionally with the registered manager following the inspection. Details of the findings 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 person: NI Association for Mental Health/William Henry Murphy | Registered manager: Brian Anthony Tierney |
| Person in charge of the service at the time of inspection: Sarah Taggart, Assistant Manager | Date manager registered: 16 April 2013 |

3.0 Methods/processes

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

- Discussion with the assistant manager and staff
- Examination of records
- Consultation with 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

The following records were viewed during the inspection:

- Service users' care records
- HSC Trust assessments of needs and risk assessments
- Care review records
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff induction records
- Staff rota information
- Induction Policy, March 2016
- Internal Audit Policy, January 2016
- Recruitment and Selection Policy; August 2015
- Supervision Policy, February 2016
- Performance Management Procedure, February 2016
- Adult Safeguarding Policy, February 2016
- Referral, Care and Support Planning, and Review Policy
- Whistleblowing Policy, March 2016
- Complaints Procedure, December 2014
- Data Protection Policy, February 2016
- Data Retention and Disposal Policy, August 2015
- Confidentiality Policy, March 2016
- Statement of Purpose
- Service User Guide
- Incident, Accident and Near Miss Policy, February 2016
- Quality Management Policy, January 2016

During the inspection the inspector met with three service users, the assistant manager and three staff members; the inspector spoke to one HSCT representative.

Questionnaires were distributed for completion by staff and service users during the inspection; three questionnaires were returned from staff.

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

4.0 The inspection

NIAMH Moyleena Court is a supported living type domiciliary care agency, located close to Antrim town centre. The agency offers domiciliary care and housing support to service users with enduring mental health issues. Agency staff are available to provide care and support 24 hours per day and each service user has an identified key worker.

The agency's aim is to provide individualised care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting good mental health and maximising quality of life. Referrals are made by the local trust, primarily by the community mental health team.

Service users have individual rooms and a range of shared facilities. The agency's registered office is located in same building as the service users' homes.

Discussion with the assistant manager, service users, staff and HSCT representatives provided evidence of positive outcomes for service users; details of which have been included within this report.

The inspector would like to thank the assistant manager, service users, HSCT representatives 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 18 January 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

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

It was noted that the agency's recruitment and selection policy outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment. A checklist detailing pre-employment checks completed is retained by the agency's human resources department; prior to the inspection RQIA was provided with a copy of the checklist. The person in charge stated that confirmation is received when the process has been completed and that staff are not provided until all necessary checks are completed.

The agency's induction policy and handbook outline the induction programme provided; it was noted that all staff are required to complete the organisation's Induction Foundation Framework (IFF) during their initial nine months of employment. The inspector viewed records maintained by the agency relating to the induction programme provided; it was noted that staff are required to complete an induction handbook. Records viewed outlined the information shared and additional support provided during the induction period; the inspector noted that it contained evidence of a comprehensive induction programme.

The agency has a procedure for the induction of staff supplied at short notice/emergency and for verifying their identity; it was identified from discussions with the person in charge that relief staff are accessed from the organisations bank staff and that staff are not accessed from another domiciliary care agency.

Discussions with 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 person in charge.

The agency's supervision policy details the frequency of and process to be followed; it was noted from records viewed that staff are provided with a supervision contract. The agency's learning and development policy details the procedure for staff appraisal. Staff who spoke to the inspector stated that they received effective supervision and appraisal.

The inspector identified that all records of staff supervision and appraisal is retained by the individual staff members and stored securely within the agency's office. During the inspection the inspector viewed records of those staff on duty; documentation viewed indicated that they are completed in accordance with the agency's policies and procedures. However it was noted that a record of staff supervision and appraisal was not retained by the agency; following the inspection the inspector discussed the arrangements with the registered manager and assurances were provided that a process had been implemented to ensure that copies are now retained by the agency.

Staff stated that the induction programme provided had equipped them for the requirements of their job role. They stated that their induction included training, shadowing other staff members, meeting service users and becoming familiar with their individual care needs. Staff could describe the importance of respecting the privacy, dignity and wishes of service users and the benefits of supporting service users to take positive risks.

The agency has an electronic system (Cascade) for recording staff training; it was noted that there is a process for highlighting when training is required to be updated. The person in charge stated that the manager will highlight gaps on a monthly basis. It was noted that staff are required to complete mandatory training and in addition training specific to the needs of individual service users' i.e. mental health awareness and challenging behaviour management. Staff stated that they have the opportunity to discuss their individual training needs during supervision and appraisal meetings.

The inspector examined the agency's provision for the welfare, care and protection of service users. The agency has in place a policy relating to the safeguarding of vulnerable adults. The person in charge 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 has reviewed and updated their policy and procedures to reflect information contained within the guidance.

The agency maintains records relating to safeguarding vulnerable adults; discussions with the person in charge and staff indicated that they had knowledge of the agency's policy and procedures for dealing with allegations of any suspected or actual abuse.

It was identified that staff are provided with training in relation to safeguarding vulnerable adults during their induction period and in addition are required to complete an annual update electronically. Staff had knowledge of the agency's whistleblowing policy and were aware of 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 policy for referral, care and support planning outlines the process for assessing and reviewing risk; it details the expectation that risk assessments and management plans are completed in conjunction with service users and where appropriate their representatives. It was noted from records viewed and discussions with staff that risk assessments and safety management plans are completed in conjunction with service users and where appropriate their representatives and are reviewed six monthly. The person completing the agency's monthly quality monitoring audits risk assessments and any restrictive practices in place.

The agency's registered premises are located in the same buildings as the service users' accommodation; the premises include a range of facilities which are suitable for the operation of the agency as described in the Statement of Purpose.

Three staff questionnaires were returned to RQIA; responses received indicated that staff were satisfied that care provided is safe.

Service user comments

- 'I am happy here.'
- 'Staff are great.'
- 'Staff listen to me.'

Staff comments

- 'Staffing is good.'
- 'We advocate on the service users behalf.'
- 'I get supervision; it is worthwhile.'
- 'We get appraisal.'
- 'Training is robust.'

Areas for improvement

No areas for improvement were identified during the inspection.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

4.3 Is care effective?

The inspector reviewed that agency's arrangements for appropriately responding to and meeting the assessed needs of service users. Information relating to the nature and range of services provided is outlined within the Statement of Purpose and Service User Guide.

The agency's data protection policy and data retention and disposal policy outline the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

The inspector reviewed a number of service user care records; discussions with service users provided assurances that they are supported to participate in the development of their care plans. It was noted that staff record daily the care and support provided to service users. Documentation viewed indicated that care plans are reviewed and updated in accordance with the agency's policies and procedures.

Documentation viewed and discussions with staff provided assurances that the agency has in place robust arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users.

It was identified that the manager is required to complete a monthly operational report prior to the monthly quality monitoring visit by a senior manager from within the organization. Quality monitoring documentation viewed included the comments of service users and where appropriate relevant representatives. In addition the record includes details of the review of complaints, accidents, incidents, safeguarding concerns; a review of staffing and records is also completed.

The agency facilitates bi-monthly tenant meetings; service users stated that they are encouraged to participate in the meeting and encouraged to express their views and opinions. It was noted that service users are provided with details of the agency's complaints procedure and that a record of all compliments and complaints is maintained.

It was noted that the agency issues questionnaires to service users and relevant stakeholders on an annual basis to ascertain their views on the quality of the service provided; the person in charge stated that the returns are collated by the organisations quality department and a Service Improvement plan (SIP) developed.

Service users are provided with human rights information issued by the Ministry of Justice and information relating to accessing an independent advocate.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Service users could describe the process for accessing support from staff and stated that they can speak to the staff at any time. Discussions with service users, staff and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users.

During the inspection it was observed that the agency seeks to maintain effective working relationships with the HSC Trust and other agencies.

Three staff questionnaires were returned to RQIA; responses received indicated that staff were satisfied that care provided is effective.

Service users' comments

- 'I can do what I want; staff go out with me.'

Staff comments

- 'Service users are supported to engage in care planning.'
- 'The manager is approachable.'
- 'The care is good.'
- 'I feel supported in my job.'
- 'Service users have a good quality of life.'

HSCT Representatives comments

- 'I could not speak highly enough about this place.'
- 'Staff work very well with us for better outcomes for the people living here.'
- 'They prevent hospital admission.'
- 'Staff keep us informed of any changes.'

Areas for improvement

No areas for improvement were identified during the inspection.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
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4.4 Is care compassionate?

The inspector sought to assess the agency's ability to treat service users with dignity, respect and equality, and to fully involve service users meaningfully in decisions in relation to their care and support.

Staff could describe the importance of ensuring confidentiality of information relating to individual service users and had knowledge of the agency's confidentiality policy.

Discussions with service users and staff, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect were embedded in the culture and ethos of the organisation and that staff endeavour to provide care in an individualised manner.

Staff stated that the views and wishes of service users are central to service provision and described the support provided to service users to enable them to take positive risks and to live a more independent, meaningful and fulfilling life. It was noted that agency staff had received human rights training during their initial induction.

Service users stated that they are encouraged to participate in decisions relating to the care they receive and in developing their care plans. Care plans viewed were completed in an

individualised manner. Records of tenant meetings reflected the involvement of service users and detailed decisions made by service users.

Processes to record and respond to service users are maintained through the compliments and complaints process, monthly quality monitoring, review meetings involving HSC Trust representatives, annual service user, and keyworker and tenant meetings.

During the inspection the inspector observed agency staff communicating with service users in a manner which took into account their individual views, wishes and feelings. It was observed that service users were able to make choices regarding their daily routine and activities. Service users stated that staff respect their privacy, dignity and choices. Records viewed and discussions with staff and service users indicated that service users are involved in decision making relating to a range of matters.

The person in charge could describe the process for liaising with the HSC Trust in relation to instances where there are capacity and consent issues identified.

The inspector noted that the agency has a range of information in an alternative format provided to enable service users to have a clearer understanding of the information being communicated.

The organisations audit policy outlines the processes in place to audit the quality of service provided; it was noted that it is completed in a manner which takes into account the views of service users and their representatives. The agency's monthly quality monitoring, tenant's meetings and satisfaction questionnaires provide evidence of consultation with service users and where appropriate relevant stakeholders.

Three staff questionnaires were returned to RQIA; responses received indicated that staff were satisfied that care provided is compassionate.

Service users' comments

- 'Staff are very good.'
- 'Staff help you with anything.'
- 'I like it here.'
- 'We can do what we want.'

Staff comments

- 'We are responsive to the issues raised by the service users.'
- 'We listen to the service users.'
- 'Residents are at the heart of the service.'
- 'Service users can do what they want.'

HSCT Representatives comments

- 'Service users are given choice and staff respect them.'

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. The agency has in place a comprehensive range of policies and procedures which were noted to have been reviewed and updated in accordance with the Minimum Standards, relevant legislation and guidelines. It was noted that staff can access the policies and procedures electronically and in paper format and stored within the agency's office. Discussions with the registered person in charge and records viewed indicated that the agency's governance systems promote the identification and management of risk; these include a three yearly review of policies and procedures, monthly audit of complaints, safeguarding incidents, accidents and incidents notifiable to RQIA.

The agency's complaints policy details the procedure for handling complaints; it was noted from records viewed that the agency has received no complaints for the period 1 April 2015 to 31 March 2016. Discussion with staff indicated that they are familiar with the process for receiving and managing complaints in accordance with their policy and procedures.

The agency has in place management and governance systems to drive quality improvement. It was identified that arrangements for managing and monitoring of incidents and complaints include mechanisms for auditing, identifying trends and reducing the risk of recurrences. Records viewed provided evidence of staff supervision and appraisal.

The organisational and management structure of the agency outlines lines of accountability and roles and responsibilities of staff. Staff stated that they were provided with a job description during induction. Service users were aware of staff roles and had knowledge of who to contact if they have an issue or concern.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are kept under review and are reflective of the services provided.

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

Observations made during the inspection, discussion with agency staff and HSCT staff indicated that there are effective collaborative working relationships with external stakeholders, including where appropriate HSCT representatives.

Staff stated that the manager is supportive and could describe the procedure for receiving support or guidance out of office hours and in the absence of the manager. Staff stated that their views are listened to and that the organisation addresses issues/concerns highlighted.

Staff could describe their responsibility in reporting concerns and had knowledge of the agency's whistleblowing policy.

Three staff questionnaires were returned to RQIA; responses received indicated that staff were satisfied that the service is well led.

Service user comments

- ‘The manager is good.’

Staff comments

- ‘I feel supported in my role.’
- ‘We have staff meetings.’
- ‘The manager is approachable.’

HSCT Representatives comments

- ‘The manager is excellent.’

Areas for improvement

No areas for improvement were identified during the inspection.

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

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.



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