

**Unannounced Care Inspection
of
NIAMH Altigarron Court**

4 January 2016

1. Summary of Inspection

An unannounced care inspection took place on 4 January 2016 from 10.30 to 16.00. 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: NI Association for Mental Health/William Henry Murphy	Registered Manager: Patricia Sarah Sadlier
Registered manager of the Agency at the Time of Inspection: Patricia Sarah Sadlier	Date Manager Registered: 9 March 2009
Number of Service Users in Receipt of a Service on the Day of Inspection: 10	

Niamh Altigarron Court is a supported living type domiciliary care agency, situated in a residential area on the outskirts of Belfast. The agency offers domiciliary care and housing support to service users with enduring mental health needs; the registered office is located in the service users' home.

The agency's aim is to provide 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.

Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.' All referrals are made by the HSCT mental health services.

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:

- Discussions with the registered manager and staff
- Examination of records
- Consultation with service users and stakeholders
- Evaluation and feedback

During the inspection the inspector met with five service users and five staff; the inspector spoke to one HSCT representative.

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 of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Partnership meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints procedure
- Complaints register
- Recruitment policy (August 2015)
- Probationary policy
- Induction and foundation framework policy (October 2015)

- Staff handbook (September 2014)
- Supervision/appraisal policy (September 2014)
- Staff register/information
- Agency's staff rota information
- Whistleblowing policy (September 2014)
- Disciplinary procedure (January 2012)

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

- Staff are satisfied that the care is delivered in a person centred manner.
- Staff are satisfied that they are familiar with service users' care needs.
- Staff are satisfied that there are at all times an appropriate number of suitably skilled staff.
- Staff are satisfied that the agency's induction process prepared them for their role.
- Staff are satisfied that arrangements for service user involvement are effective.

One individual indicated that they did not have access to the agency's whistleblowing policy; this was discussed with the manager and assurances provided that the matter would be discussed at a staff meeting and additionally during individual staff supervision sessions.

Service users' questionnaires were completed by five service users following the inspection; they indicated that:

- Service users are satisfied with the care and support they receive.
- Four service users are satisfied that they are consulted in relation to the quality of the service.
- Service users are satisfied that staff help them to feel safe and respond to their needs.
- Four service users are satisfied with current staffing levels.
- Service users are satisfied that staff know how to care for them.

One individual indicated that they were unsatisfied that the agency consulted with them in relation to the quality of services; this was discussed with the registered manager and assurances provided that this matter would be discussed at a partnership meeting.

The inspector would like to thank the service users, staff and the 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 18 December 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 6.-(1)(b)	<p>The registered person shall produce a written service user's guide which shall include-</p> <p>(b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate;</p> <p>This requirement relates to the registered person ensuring that the service users' guide is updated to detail arrangements in place relating to staff accessing food whilst on duty in a service users home.</p> <p>Action taken as confirmed during the inspection: The inspector viewed the agency's service user guide and noted that it outlined the procedure for staff accessing food whilst on duty in a service user's home.</p>	Met
Requirement 2 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 requirement relates to the registered person ensuring that the agency's documentation relating to service users' valuables is updated to reflect that service users can access valuables held by the agency at all times.</p> <p>Action taken as confirmed during the inspection: It was identified from records viewed that service users can access valuables held by the agency at all times.</p>	Met
Requirement 3 Ref: Regulation 14.(a)(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>(a)so as to ensure the safety and well-being of</p>	Met

	<p>service users: (b) so as to safeguard service users against abuse or neglect;</p> <p>This requirement relates to the registered person ensuring that the agency has in place risk assessments relating to any restrictive practice and that documentation reflects that services users have been consulted in relation to any agreed restrictions.</p>	
	<p>Action taken as confirmed during the inspection: The inspector viewed a risk assessment relating to a restrictive measure in place; it was noted that a partnership meeting had been held and that service users and where appropriate their representatives had been consulted and agreed to any measures that may be restrictive.</p>	
<p>Requirement 4 Ref: Regulation 23.- (1)(5)</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 clearly records the views of service user representatives and relevant professionals.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector viewed a number of the agency's monthly quality monitoring reports and noted that they contained views of service user representatives and where appropriate relevant professionals.</p>	
<p>Requirement 5 Ref: Regulation 14.(c)(e)</p>	<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>(c)so as to promote the independence of service users;</p> <p>(e)in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them; and</p> <p>This requirement relates to the registered person ensuring that service users residing in the adjacent</p>	Not Met

	bungalow are provided with a secure facility for the secure storage of medication within their individual home.	
	Action taken as confirmed during the inspection: It was identified from records viewed that a risk assessment had been completed and that it had been determined that a secure facility could not be provided; the inspector discussed this matter further with the registered person and has requested that a reassessment be completed, given that one of the identified risks has been reduced.	

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

Is Care Safe?

The agency's recruitment policy outlines the mechanism in place to ensure that appropriate pre-employment checks are completed; a copy of the recruitment checklist maintained was viewed. The manager stated that the checklist 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 for the agency; it includes those supplied on a short notice basis. Prior to commencement of employment staff are required to complete a medical; the manager could describe the 'Absence Management Policy' which details the process for managing absence from work and for supporting staff to return to work.

The agency's induction policy outlines the induction programme completed over a minimum of three days. Staff stated that their initial induction included shadowing other staff members in the service users' homes. The agency maintains a record of the induction programme provided to staff; it details information provided during the induction period and supervision/support provided during the nine month probationary period. All staff are required to complete the organisation's Induction Foundation Framework (IFF) in the initial nine months of employment; it was identified that they are provided with the agency's staff handbook and have access to the agency's policies and procedures online. The agency maintains a record of induction evaluation.

The agency has a procedure for the induction of short notice/emergency staff and for verifying their identity prior to their supply; the documentation in place was viewed by the inspector. The manager stated that relief staff are accessed from a pool of staff employed by the organisation so as to promote continuity of care; they stated that staff are not accessed from another domiciliary care agency.

The agency's supervision and appraisal policies outline the frequency and processes to be followed; it was identified that staff are provided with a supervision contract. The agency maintains a record of staff supervision and appraisal and a supervision log; records viewed indicated that they are completed in accordance with the agency's policies and procedures.

The registered manager stated that staff required to cover in the absence of the registered manager complete an annual competency assessment.

Is Care Effective?

Discussions with the registered manager, staff and service users indicated that at all times there is an appropriate number of skilled and experienced persons available to provide care and support. Staff rotas viewed reflected staffing levels as described by the registered manager; they stated that staffing numbers can vary from day to day to account for the individual needs of service users. The agency has a process in place to ensure that staff provided at short notice have the knowledge, skills and training to carry out the requirements of the job role.

The inspector viewed the agency's staff rota for the forthcoming days and noted that staff were allocated to shifts as required. It was identified that the staff rota information detailed the full name and role of staff and clearly recorded the date and time of shifts.

Staff stated that they are provided with a job description outlining their role and responsibilities; they could describe the detail of their induction program and stated that they felt equipped to fulfil the requirements of their role. The agency maintains a record of induction; records viewed indicated that staff receive more frequent supervision during the induction period.

Training records viewed indicated that those undertaking supervision of staff have received appropriate training. The agency's policy describes the frequency and process for supervision and appraisal.

Staff stated that they receive monthly supervision and annual appraisal. The agency has in place an electronic process for recording and identifying training needs; it was viewed by the inspector. Staff stated that the agency provides mandatory training and in addition training specific to the needs of individual service users; they stated that they are encouraged to highlight any training needs to their line manager during supervision, appraisal or at any time.

Staff who spoke to the inspector were aware of the agency's whistleblowing policy and their responsibility in highlighting concerns.

Is Care Compassionate?

Staff could describe the methods used for obtaining service users' views in relation to staffing arrangements; the inspector viewed comments made by service users at partnership meetings relating to staffing arrangements and new staff. Service users stated that they are introduced to new staff members.

The registered manager and staff stated that the agency endeavours to maintain continuity of staff and could describe the impact of staff changes on services users.

Staff stated that they receive induction and ongoing training specific to the needs of service users; they stated that they have the required knowledge, skills and support to carry out their roles. Service users confirmed that staff provided have the appropriate knowledge and skills to meet their care needs. The agency maintains a record of all staff training; records viewed indicate that staff have received relevant mandatory training and in addition training specific to the needs of individual service users.

Agency staff described how their induction included meeting service users and becoming familiar with their care and support needs. Service users stated that their privacy and dignity and wishes are respected at all times.

The agency's disciplinary procedure outlines the procedure for managing unsatisfactory performance of a domiciliary care worker.

Service User Comments:

- "The staff are great; they listen to me."
- "My key worker is great."
- "I love it here; I can speak to anyone at any time."
- "There are enough staff."
- "I get on well with the staff."
- "If I am worried I speak to my key worker."

Staff Comments:

- "The induction was good; we do online training also."
- "I can speak to the manager at any time; I feel supported."
- "I get monthly supervision; it definitely is worthwhile."
- "The training is good."
- "I shadowed other staff members on a few shifts when I started."
- "We now have adequate staff; we were short for a period of time and staff had to cover."

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?

Assessments of need and risk assessments viewed reflected the involvement of service users and where appropriate their representatives. Service users who met with the inspector stated that they are involved in the completion of their care plans and that their views and wishes are reflected.

It was noted from records viewed that the agency receives a range of multidisciplinary assessments and a care plan completed by the relevant HSCT representative prior to the service user accepting a tenancy.

Staff could describe the benefits of positive risk taking and their role in supporting service users to live as independently and as full a life as possible. From discussion with service users and records viewed there was evidence of positive risk taking in collaboration with the service user and/or their representative. A number of service users could describe the detail of their individual care and support plans and how staff supported them to take positive risks.

Is Care Effective?

Service users are encouraged to participate in a six monthly or annual review of their care in conjunction with representatives for the HSCT. The registered manager described instances when reviews are completed more frequently. Staff stated that they record electronically the daily care and support provided to service users; they stated that individual care plans are reviewed six to twelve monthly or as required.

Service users stated that they are involved in the development of their care plans; care plans viewed describe the wishes, choices and routines of service users and contain information specific to individual service users.

The agency facilitates regular partnership meetings; records viewed indicate that service users are facilitated to express their views and opinions. Service users and their relatives are informed of the agency's complaints procedure; the agency maintains a record of all compliments and complaints. Monthly monitoring visits are completed and documentation viewed indicates engagement with service users and where appropriate their representatives.

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

Is Care Compassionate?

Care plans viewed were written in an individualised manner and service users stated that they are consulted about the care and support they receive; they stated that they can decline any care or support they do not wish to receive.

Staff discussed examples of responding to service users' preferences; records of tenant partnership meetings reflected the involvement of service users.

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

The registered manager described the process for liaising with the HSC trust regarding best interest practices for service users where there are capacity and consent issues.

Service User Comments:

- "I attend the partnership meetings."
- "I look after myself; staff give me help when I need it."
- "I can do what I want; I like it here."
- "I go out and about; I do my own shopping."
- "Staff listen to us."
- "I am very contented here."
- "I am happy with everything."
- "I like my keyworker; they are great."
- "I like cooking for all the service users sometimes."
- "I am hoping to move to a new flat; I will be more independent."
- "It is better now that XXXX has moved out."

Staff Comments:

- “Service users are supported to be as independent as possible.”
- “We encourage service users to develop their skills.”
- “Service users are involved in developing their care plans.”
- “The care and support is very individualised.”
- “Services users have their own voice.”
- “Service users meet their key worker and are supported to attend partnership meetings.”

The inspector spoke to a HSCT representative for a number of the service users; they stated that the care and support provided is of a high standard and that they have a good working relationship with the staff team. They informed the inspector that staff are in regular contact with them and keep them informed of any concerns or issues.

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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5.3 Additional Areas Examined

5.3.1 Monthly Quality Monitoring

The inspector viewed the agency's quality monitoring documentation and noted that monthly monitoring visits are completed by a manager from another of the organisation's domiciliary care agencies. From records viewed it was noted that the report details any incidents or safeguarding concerns, a service improvement plan is developed and the registered manager is required to record when the recommended actions have been completed.

5.3.2 Complaints

The agency has received no complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the registered manager. The agency's complaints policy outlines the procedure in handling complaints.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with 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 agencies.team@rqia.org.uk and assessed by the inspector.

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.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation
14.(c)(e)

Stated: Second time

To be Completed by:
04 May 2016

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-

(c)so as to promote the independence of service users;
(e)in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them; and

This requirement relates to the registered person ensuring that service users residing in the adjacent bungalow are provided with a secure facility for the secure storage of medication within their individual home.

Response by Registered Person(s) Detailing the Actions Taken:

This has been reviewed and secure storage will be provided.

Registered Manager Completing QIP	Patricia Sadlier	Date Completed	24/2/16
Registered Person Approving QIP	Billy Murphy	Date Approved	25/02/2016
RQIA Inspector Assessing Response	Joanne Faulkner	Date Approved	26/02/16

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