

# Unannounced Care Inspection Report

## 18 August 2016



## NIAMH Altigarron Court

Type of service: Domiciliary Care Agency  
Address: 6 Westrock Gardens, Belfast BT12 7RF  
Tel No: 02890237977  
Inspector: Joanne Faulkner

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of NIAMH Altigarron Court took place on 18 August 2016 from 10.30 to 17.30.

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?

Competent 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, and when required other stakeholders. 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.

### Is care effective?

Competent delivery of effective care was evident on inspection. The agency responds appropriately to meet the individual needs of service users through the assessment of need and the development and review of individualised care plans. The agency has in place robust 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 systems in place to promote effective communication with service users and stakeholders; this was verified by observations made and discussions with HSC Trust representatives during the inspection. Staff, service users and HSCT representatives indicated that they felt the care is effective.

### Is care compassionate?

Competent 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 and support. It was noted from observations made and discussions with service users 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 fulfilling 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. Service users and their representatives indicated that they felt care provided was compassionate.

### Is the service well led?

Competent delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. The agency has in place robust management and governance systems to meet the needs of service users.

Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers operate the agency in accordance with the regulatory framework and fulfil 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. Staff, service users and HSCT representatives indicated that they felt the service was well led.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Patricia Sadlier, Registered Manager, as part of the inspection process and 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 4 January 2016.

### 2.0 Service details

<b>Registered organisation/registered person:</b> NI Association for Mental Health/William Henry Murphy	<b>Registered manager:</b> Patricia Sarah Sadlier
<b>Person in charge of the service at the time of inspection:</b> Patricia Sarah Sadlier	<b>Date manager registered:</b> 9 March 2009

### 3.0 Methods/processes

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

- Discussion with the registered manager and staff
- Examination of records

- Consultation with service users and stakeholders
- 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
- Recording/evaluation of care used by the agency
- 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
- Records relating to recruitment process
- Staff induction records
- Staff rota information
- Staff Handbook
- Induction checklist
- Internal Audit Policy, January 2016
- Safety Management Plan, December 2015
- Recruitment and Selection Policy; August 2015
- Supervision Policy, February 2016
- Adult Safeguarding Policy, February 2016
- Referral, Care and Support Planning, and Review Policy
- Quality Management Policy, January 2016
- Disciplinary Procedure, August 2015
- Whistleblowing Policy, March 2016
- Complaints Procedure, December 2014
- Data Protection Policy, February 2016
- Management of Records Policy, August 2015
- Confidentiality Policy, March 2016
- Statement of Purpose, December 2015
- Service User Guide

During the inspection the inspector met with four service users, the registered manager, three staff members, and spoke to two HSC Trust professionals.

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

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 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 within the same building as the service users' homes.

The agency's aim is to provide care and support to service users 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'.

Discussion with the registered manager, staff, service users and HSC Trust 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 registered manager, service users, HSC Trust professionals and agency staff for their support and co-operation throughout the inspection process.

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 4 January 2016.

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14.(c)(e)  <b>Stated:</b> Second time	<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 bungalow are provided with a secure facility for the secure storage of medication within their individual home.</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>It was noted that provision has been made for the service users residing in the adjacent bungalow to secure their medication securely within their home. The inspector viewed risk assessments completed in relation to safe storage of medication.</p>	
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### 4.3 Is care safe?

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

The agency's recruitment policy outlines the mechanism for ensuring that required pre-employment checks are completed for all staff prior to commencement of employment. It was identified that a record detailing 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 registered manager stated that they receive notification when the process has been satisfactorily completed and provided assurances that staff are not provided until all necessary checks and training has been completed.

The agency's probation policy and induction handbook detail the induction programme lasting at least three days which is in accordance with the regulations. The inspector identified from discussions with staff and records viewed that staff are required to complete the organisations Induction Foundation Framework (IFF) during the initial nine months of employment. Documentation viewed details the information provided and additional support available to staff during their induction period. It was identified that staff required to be in charge complete an annual competency assessment.

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 registered manager that additional staff are accessed from the organisations team of relief staff. Staff discussed the impact of frequent staff changes on service users and the need to promote continuity of care.

Discussions with the manager, staff and service users indicated that there are available at all times an appropriate number of skilled and experienced persons to meet the needs of the service users. The agency's staff rota information reflected staffing levels as described by the manager and staff.

The agency's supervision policy outlines the frequency and procedure to be followed; it was noted from documentation viewed that staff are provided with a supervision contract and that a supervision log is maintained. The agency's learning and development policy details the procedure for staff appraisal. It was identified that the agency maintains a record of staff supervision and appraisal; records viewed indicated that they are completed in accordance with the agency's policies and procedures. Staff indicated that supervision received was beneficial in supporting them in their role.

Staff could describe the content of the induction provided and how it had equipped them for the requirements of their job role.

From discussions with staff it was identified that the induction programme included relevant mandatory training, shadowing other staff members, meeting service users and becoming familiar with their individual care and support needs. Staff stated that they felt they had the required knowledge, skills and support to effectively carry out their job. Staff could identify the need to and benefits of respecting the privacy, dignity and choices of service users.

The inspector viewed that agency's electronic system for recording training (Cascade); it was noted that it contains a record of the date and type of training is completed by staff and in addition highlights when training is required to be updated. The registered manager stated that they are required to review monthly and highlight gaps. Staff stated that they are required to complete mandatory training and in addition training specific to the needs of individual service users i.e. mental health awareness, suicide awareness and managing challenging behaviour. Staff stated that training needs are discussed during individual supervision and appraisal meetings.

The inspector examined the agency's provision for the welfare, care and protection of service users. It was noted that the agency has in place a policy relating to the safeguarding of vulnerable adults. The registered manager could describe 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 recently reviewed and updated their policy and procedures to reflect information contained within the guidance. The manager described the role and support provided from the identified safeguarding designated officer within the organisation and HSC Trust safeguarding representatives.

The agency maintains records in relation to safeguarding vulnerable adults; discussions with the registered manager and records viewed indicated that the agency has adhered to their policy and procedures in dealing with allegations of any suspected or actual abuse and in addition that they have worked collaboratively with the HSCT safeguarding team.

It was identified from discussions with staff and from training records viewed that during their induction period staff have received both face to face and electronic training in relation to safeguarding vulnerable adults; it was noted that staff receive a training update two yearly. Staff who spoke to an inspector demonstrated that they had a clear understanding of safeguarding information and could describe the types of abuse, possible indicators and the procedure for reporting concerns. Staff had knowledge of the agency's whistleblowing policy and were aware of their responsibility in highlighting and raising concerns identified.

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 and care 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 a range of risk assessments have been completed in conjunction with service users and where appropriate their representatives and are reviewed annually or as required.

The agency's registered premises are located in the same building 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 service user questionnaires were returned to the inspector; service users indicated that they felt care was safe.

### Service user comments

- 'If I am worried I speak to \*\*\*\*\*.'
- 'Staff go out with me.'
- 'This place is great; staff are good.'
- 'My keyworker helps me.'
- 'I am happy with everything; staff are all good.'
- 'I love it here; I am happy.'
- 'I feel safe here.'

### HSC Trust representative's comments

- 'I have a lot of contact with the staff; they are very good and support the service users to live here.'
- 'Communication is good; I am kept informed of any changes.'
- 'Staff try their best to follow the support and protection plans and alert us of all concerns.'
- 'I have no concerns.'

### Staff comments

- 'Care is safe.'
- 'We have enough staff at present; it has been a bit up and down due to staff leaving; we use bank staff.'
- 'I get supervision.'
- 'It would be good to have more one to one working.'

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.4 Is care effective?

During the inspection 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 detailed 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; a range of records viewed during the inspection indicated that documentation is maintained in accordance with legislation, standards and the organisational policy.

The inspector viewed a number of individual service user care plans; service users stated that they are involved in the development of their care plans. It was noted that service users are being supported to complete 'Service user journey' documentation with the emphasis focussed on their strengths and goals. Staff record daily the care and support provided to service users.



Documentation viewed indicated that risk assessments and care plans are reviewed and updated in accordance with the agency's policies and procedures. HSC Trust representatives stated that they are in regular contact with service users and staff and are involved in an annual review process or more frequently if required.

Documentation viewed and discussions with staff indicated 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 noted that the agency has a monthly quality monitoring visit by a senior manager within the organization; records maintained included the comments of service users and where appropriate relevant representatives. The documentation includes details of the audit of complaints, compliments, accidents, incidents, safeguarding concerns and in addition a review of staffing, documentation and financial management arrangements are completed. It was noted that an action plan is developed.

The agency facilitates bi monthly tenant's meetings; records viewed and discussions with service users indicate that they are encouraged to attend and to express their views and opinions. Service users stated that they are provided with details of the agency's complaints procedure and could describe the process for making a complaint; the agency maintains a record of compliments and complaints.

The agency issues questionnaires to service users and stakeholders annually to ascertain their views on the quality of the service provided; the manager stated that the returns are collated and a Service Improvement plan (SIP) developed.

It was noted that the agency provides service users 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. Discussions with service users and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. The agency facilitates regular tenant and staff meetings; a record is maintained of issues discussed.

Observations made during the inspection and discussions with HSCT representatives indicated that the agency seeks to maintain effective working relationships with the HSC Trust and other agencies. The manager and HSC Trust professionals described instances of recent and ongoing liaison in order to achieve better outcomes for service users.

Three service user questionnaires were returned to the inspector; service users indicated that they felt care was effective.

### **Service users' comments**

- 'Staff help me with shopping.'
- 'I have no complaints.'
- 'My social worker calls and we go out for a coffee.'
- 'I go to the daycentre.'
- 'I go out with my husband.'

## Staff comments

- 'Service users are supported to live as independently as possible; it can be difficult due to the layout of the service; we are hoping it will get renovated.'
- 'We have a very supportive team.'
- 'We have regular contact with the Trust keyworkers.'
- 'The service user is involved in care planning.'

## HSC Trust representative's comments

- 'There is good collaborative working; staff do over and above what we ask.'
- 'Staff are pleasant, approachable, knowledgeable and very well trained.'

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 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 in decisions affecting their care, support and life choices.

Staff had knowledge of the agency's confidentiality procedure and could describe the importance of ensuring confidentiality at all times. Discussions with staff and observations made during the inspection indicated that the views and choices of service users are central to service provision. Staff described examples of how they support service users to take positive risks to enable them to live a more independent, meaningful and fulfilling life. Discussions with staff and training records viewed indicated that staff had received human rights training during their initial induction. Discussions with service users, agency staff and HSC Trust representatives, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation and that staff aim to provide in an individualised manner.

Care plans viewed were noted to be written in an individualised manner and service users confirmed that they are involved in decisions relating to the care they receive. From records viewed it was noted that the care plan for one service user had been completed in an alternative format to assist them in understanding the information. Records of tenant partnership meetings reflected the involvement of service users and clearly detailed decisions and choices made by service users.

The manager 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 views of service users and/or their representatives were recorded throughout a range of relevant agency documentation. Formal 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, keyworker meetings, annual service user and stakeholder questionnaires and tenant partnership meetings.

During the inspection the inspector observed agency staff communicating with service users in a manner which took into account the individual views, choices and feelings of service users. It was noted that service users are supported to make choices regarding their daily routine. Service users stated that staff agency respect their privacy and dignity; they stated that they can make their own choices in any aspect of their life. Records viewed and discussions with staff and service users indicated that service users and where appropriate their representatives are involved in decision making relating to the care they receive.

The agency has systems in place to evaluate the quality of service provided; it was noted that it they are completed in a in a manner which takes into account the views of service users and were appropriate their representatives. The agency's monthly quality monitoring, partnership meetings and satisfaction questionnaires provide evidence of consultation with service users.

Three service user questionnaires were returned to the inspector; service users indicated that they felt care was compassionate and made positive comments in relation to the care they receive.

### **Service users' comments**

- 'I go out and come back any time I want.'
- 'I can cook my own meals.'
- 'Staff talk to me.'
- 'The staff help me.'
- 'I go to the partnership meetings.'
- 'Staff listen to me.'

### **HSC Trust representative's comments**

- 'Service users are very much in control of their lives.'
- 'Service users are given choice and their views respected.'

### **Staff comments**

- 'I like working here.'
- 'We do the best with what we have; the environment can be challenging; would be great to have more space for service users.'

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## **4.6 Is the service well led?**

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was identified that the agency has in place a 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.

The inspector noted that the policies and procedures are retained electronically and additionally in paper format stored within the agency's office; staff described the process for accessing the agency's policies and procedures.

Documentation viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk; these include ongoing review of required policies and procedures, regular audit of complaints, safeguarding incidents, incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received two complaints for the period 1 April 2015 to 31 March 2016. Discussion with the manager and records viewed indicated that the agency had managed the complaints in accordance with their policy and procedures; discussions with staff indicated that they were familiar with the process for managing complaints.

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 systems for auditing, identifying trends and reducing the risk of recurrences. Documentation viewed provided evidence of appropriate staff supervision, appraisal, and management of performance issues. The manager could describe the importance of ongoing review and monitoring of services provided to identify areas for improving the quality of the service, and of providing better outcomes for service users.

The organisational and management structure of the agency outlines lines of accountability and roles of staff. The inspector noted that staff are provided with a job description which outlines the role and responsibilities of their job role. Service users who spoke to the inspector were aware of staff roles and knew who to contact if they required guidance, support or had a concern.

The registered person has led 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.

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

Discussions with HSCT representatives, the registered manager and staff indicated that there are effective collaborative working relationships with external stakeholders. Two HSC Trust professionals who spoke to the inspector provided positive feedback in relation to their ongoing engagement with agency staff.

Staff knew who to contact if they required support or guidance and stated that their views are listened. Staff stated that they can access support of the manager at any time and described the process for receiving support out of office hours and in the absence of the manager.

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

Three service user questionnaires were returned to the inspector; service users indicated that they felt the service was well led.

**Service user comments**

- 'The manager is good.'

**Staff comments**

- 'Training is good.'
- 'The manager is approachable.'

**HSC Trust representative's comments**

- 'I have good working relationships with the manager and staff; they have been very involved in a recent safeguarding investigation and have worked effectively with our team.'

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**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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