

# Unannounced Care Inspection Report 1 December 2016



## **N.I. Association for Mental Health**

**Type of service: Domiciliary Care Agency**  
**Address: 9 Enterprise Court, Enterprise Road, Bangor BT19 7TU**  
**Tel no: 02891452708**  
**Inspector: Joanne Faulkner**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of N.I. Association for Mental Health (10803) took place on 1 December 2016 from 10.00 to 16.30.

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?**

Delivery of safe care was evident on inspection. The agency has in place robust recruitment, staff training and induction systems and endeavours to ensure that there is at all times an appropriate number of suitably qualified, competent and experienced staff to meet the needs of service users. The agency promotes the welfare, care and protection of service users through the identification of safeguarding concerns, implementation of safeguarding procedures and collaborative working with the Health and Social Care Trust (HSCT), 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 and staff indicated that they felt care provided 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 individual 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 and choices of service users. There was evidence of service users being supported to take positive risks to enable them to live a more 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 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 Minimum Standards 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 HSCT representatives and other external stakeholders was evident during the inspection. There was evidence of effective team working and support from the manager. No areas for improvement were identified during the inspection.

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

### 1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mildred Groves, registered manager, 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent care inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> N.I. Association for Mental Health/William Henry Murphy	<b>Registered manager:</b> Florence Mildred Groves
<b>Person in charge of the service at the time of inspection:</b> Florence Mildred Groves	<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
- 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:

- Three 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
- Records relating to recruitment process
- Staff induction records
- Staff rota information
- Induction Policy, March 2016
- Recruitment and Selection Policy; August 2015
- Supervision Policy, February 2016
- Performance Management Procedure, February 2016
- Adult Safeguarding Policy, February 2016
- Whistleblowing Policy, March 2016
- Complaints Procedure, December 2014
- Data Protection Policy, February 2016
- Data Retention and Disposal Policy, August 2015
- Confidentiality Policy, March 2016
- Learning and Development procedure, January 2016
- Incident, Accident and Near Miss Policy, February 2016
- Statement of Purpose
- Service User Guide

During the inspection the inspector met with three service users, the registered manager and four staff members.

Questionnaires were distributed for completion by staff and service users during the inspection; six staff and five service user questionnaires were returned.

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

## 4.0 The inspection

NI Association for Mental Health (10803) is a supported living type domiciliary care agency located on the outskirts of Bangor. The agency offers domiciliary care and housing support to service users with enduring mental health issues. The agency's 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. All referrals are made by the HSCT mental health services. The service focuses upon assessment and rehabilitation with the aim of enabling service users to live as independently as possible.

The agency's 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 and service users 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 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 11 November 2015

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.

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. The inspector identified that a checklist 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 manager stated that they receive confirmation when the process has been completed and that staff are not provided until all necessary checks and training and initial induction has been completed.

The agency's induction policy and handbook detail the induction programme lasting at least three days which is in accordance with the regulations; it was noted that all staff are required to complete the organisation's Induction Foundation Framework (IFF) during the initial nine months of employment. The agency retains a copy of induction provided to staff; the inspector noted from documentation viewed that staff are required to complete an induction handbook. Records viewed outlined the information and additional support provided during the induction period; the inspector noted that it contained evidence of a comprehensive induction

programme. The manager stated that staff required to cover for the manager in their absence are required to 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 relief staff are accessed from the organisation's bank staff and are required to complete a full induction. The manager stated that staff are not accessed from any other agencies. Staff who spoke to the inspector could describe the impact of staff changes on service users and the need to ensure continuity of care.

Discussions with the manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. Staff rota information viewed reflected staffing levels as described by the manager and staff; the manager stated that levels of staff can fluctuate due to the needs of service users. The inspector identified that the abbreviation list relating to the staff rota was required to be enhanced to include accurate details of abbreviations used; this was completed by the manager during the inspection.

The agency's supervision policy outlines the frequency and process to be followed; the inspector noted from documentation viewed that staff are provided with a supervision contract. The agency's learning and development policy details the procedure for staff appraisal. 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 who spoke to the inspector confirmed that they received effective supervision and appraisal and could describe the benefits to their role.

Staff could describe how the organisation's induction programme had equipped them for the requirements of their job role. They stated that their induction included completion of the agency's induction booklet, mandatory training, shadowing other staff members, meeting service users and becoming familiar with their individual care needs and preferred routines. Staff indicated that they felt they had the required knowledge, skills and support to fulfil their roles; they described the importance of respecting the privacy, dignity and wishes of service users.

The agency has an electronic system (Cascade) for recording staff training; it was noted that it includes a system for highlighting when training is required to be updated. The manager described their responsibility in highlighting gaps on a monthly basis. The inspector viewed a training compliance report which is issued monthly; it was noted that the most recent report indicated full compliance. Staff stated that they are required to complete a range of 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 training is discussed during individual supervision and appraisal meetings and that they are encouraged to highlight individual training needs.

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 registered manager 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 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 manager, staff and records viewed indicated that agency staff have adhered to policy and procedures in dealing with allegations of any suspected or actual abuse.

It was identified that staff are provided with both face to face and e-learning in relation to safeguarding vulnerable adults during their induction period and that they are required to complete an update two yearly. Discussions with staff demonstrated that they had a good understanding of safeguarding issues and they 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.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risks 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 outlines the expectation that risk assessments and management plans are completed in conjunction with service users and where appropriate their representatives. The agency maintains a service user engagement pro forma to record comments made by service users in relation to their care and support plans. It was noted from records viewed and discussions with staff that risk assessments completed in conjunction with service users and where appropriate their representatives are reviewed three or 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.

Six staff and five service user questionnaires were returned to the inspector; responses received from both service users and staff would indicate that they are satisfied that the care provided is safe.

### **Service user comments**

- 'I am very happy here; I go out and about.'
- 'Staff are very nice.'
- 'I am happy with everything.'
- 'I am only here a few weeks; it is hard settling in but I am happy here.'
- 'I have choice; I can do what I want.'

### **Staff comments**

- 'Staff are incredibly caring and diligent about safety.'
- 'I have no concerns; I would not work here if it was not good.'
- 'I get supervision; it is worthwhile.'
- 'I have many years experience and provided safeguarding training within NIAMH.'
- 'Induction was comprehensive.'

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.3 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; the inspector noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

During the inspection the inspector viewed a number of care records relating to individual service users; it was noted that service users are encouraged to participate in the development of their care plans. The inspector noted that staff record daily the care and support provided to service users. Records viewed indicated that risk assessments and care plans are reviewed and updated in accordance with the agency's policies and procedures.

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.

The manager stated that they are required to complete a monthly operational report prior to the monthly quality monitoring visit by a senior manager from within the organization. Records of monthly quality monitoring visits included the views of service users and where appropriate relevant representatives. In addition the record includes details of the audit of complaints, accidents, incidents, safeguarding concerns; a review of staffing, records and financial management arrangements are completed.

The agency facilitates monthly service user meetings and quarterly family meetings; it was noted that the service users are encouraged to chair the service user meetings; service users stated that they are encouraged to express their views and opinions. Service users stated that they are provided with details of the agency's complaints procedure; the inspector noted that the agency maintains a record of all compliments and complaints.

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

The agency provides service users with information in relation to accessing support of 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 stated that they can access support of staff at any time; discussions with service users and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. The manager stated that service users have the opportunity to attend the organisation's service user forum 'Beacon Voice'.



Discussion with staff indicated that the agency seeks to maintain effective working relationships with the HSCT representatives and other stakeholders. The manager and staff described instances of recent liaison in order to achieve better outcomes for service users.

Six staff and five service user questionnaires were returned to the inspector; responses received from both service users and staff would indicate that they are satisfied that the care provided is effective.

### Service users' comments

- 'I have no worries.'
- 'My social worker chats to me and helps me.'
- 'I have more choice and independence.'
- 'Staff are very helpful.'

### Staff comments

- 'Staff go out of their way to listen and talk and show compassion to every service user.'
- 'The service is excellent, staff genuinely care.'
- 'Service users meet with keyworkers weekly.'
- 'Care is individualised to get the best outcome for the service user.'
- 'We deliver a good service, we are a flexible team.'

### Areas for improvement

No areas for improvement were identified during the inspection.

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

During the inspection 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 affecting their care and support.

Discussion with staff indicated that they had knowledge of the agency's confidentiality policy; they could describe the importance of ensuring confidentiality of information relating to individual service users at all times.

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 strive to provide care in an individualised manner. The inspector noted from care plans viewed that staff in conjunction with service users had developed individualised care plans to assist in reducing behavioural issues and enhance quality of life for service users.

Staff could describe how the views and choices of service users are paramount to service provision and described the support provided to service users to enable them to take positive risks and to live a more independent and fulfilling life. Training records viewed indicated that agency staff had received human rights training during their initial induction.

Service users stated that they are involved in decisions relating to the care they receive and in developing their individual care and support plans. Records of service user house meetings reflected the involvement of service users and clearly detailed comments and decisions made by service users in a range of areas. During the inspection the inspector noted that staff encourage service users to make choices relating to their day to day activities.

It was identified from records viewed 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, annual service user and stakeholder questionnaires, weekly keyworker meetings and tenant meetings. The manager could describe the content of the organisation's Service User Participation Strategy, August 2015 which focusses on the involvement of service users in relation to service delivery.

During the inspection the inspector observed agency staff communicating with service users in a manner which took into account their individual views, choices and feelings. It was observed that service users were supported and encouraged to make choices regarding their daily routine and activities. Service users stated that staff respect their privacy, dignity and views; they stated that they can make choices about all aspects of their lives. Records viewed and discussions with staff and service users indicated that service users are involved in decision making relating to a range of matters such as menu planning.

The inspector discussed with the manager the availability of information in an alternative format for service users; it was noted that this was currently not required but could be accessed if required.

The registered manager could describe the procedure for liaising with the HSCT representatives in relation to instances where there are capacity and consent issues identified. Staff could describe the ongoing liaison with HSCT representatives in relation to one individual who required additional support and supervision.

The organisation's audit policy outlines the systems in place to evaluate 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, annual report and satisfaction questionnaires provide evidence of consultation with service users and where appropriate relevant stakeholders.

Six staff and five service user questionnaires were returned to the inspector; responses received from both service users and staff would indicate that they are satisfied that the care provided is compassionate.

### **Service users' comments**

- 'Staff have time to listen.'
- 'I get on well with others living here.'
- 'We are asked for our opinion.'
- 'I agree my care; it is very good.'
- 'Staff help me with spelling and filling out forms.'
- 'This is better than hospital, my own wee place and I can do what I want.'

## Staff comments

- 'I love the organisation; love what NIAMH are about.'
- 'Service users definitely have choice; the emphasis is on recovery, we focus on their strengths.'
- 'Service users can make their own decisions.'

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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. It was noted 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. Staff stated that they have full access to policies and procedures at all times and the inspector noted that they are retained both electronically and in paper format and stored within the agency's office.

Records viewed and discussions with the registered manager indicated that the agency's governance systems promote the identification and management of risk; these include the ongoing review of policies and procedures, monthly and quarterly audit of complaints, safeguarding incidents, accidents and incidents notifiable to RQIA. The manager stated that they are required to identify any risks or restrictive practices in their monthly report for the agency and that this information is reviewed by the person completing the agency's monthly monitoring visit.

The agency's complaints policy outlines 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 the registered manager, staff and records viewed indicated that the staff are familiar with the procedure for managing complaints in accordance with the agency's 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. Documentation viewed provided evidence of appropriate staff supervision and appraisal.

The manager could describe the benefits of systems for identifying areas for improvement of the quality of the service, and for promoting better outcomes for service users.

The organisational and management structure of the agency outlines lines of accountability and roles and responsibilities of staff. It was noted that staff are provided with a job description during their induction which outlines their roles and responsibilities. Service users were aware of staff roles and had knowledge of who to contact if they had a 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 and discussion with the manager and staff evidenced that there are ongoing effective collaborative working relationships with external stakeholders, including HSCT representatives.

Staff stated that the registered manager is very approachable and supportive and in addition 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 and opinions are listened to.

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

Six staff and five service user questionnaires were returned to the inspector; responses received from both service users and staff would indicate that they are satisfied that the service is well led.

### **Service user comments**

- 'If I am worried I speak to the manager.'
- 'Staff keep you right.'

### **Staff comments**

- 'The manager is an admirable, caring and brilliant leader.'
- 'Well organised team and excellent leadership.'
- 'The manager is absolutely approachable and very good.'
- 'Staff are adaptable and communication is good.'
- 'Close team working.'
- 'There is an open door policy, we can get support at any time; the manager is open to new ideas.'

### **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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