

# Unannounced Care Inspection Report 27 June 2016



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

**Type of Service: Domiciliary Care Agency**  
**Address: 12 Enterprise Court, Enterprise Road, Bangor BT19 7TU**  
**Tel No: 02891459874**  
**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 took place on 27 June 2016 from 10.15 to 16.15.

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, 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. 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 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 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 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 and 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. 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 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
<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 Orla Quigley, 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

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

### 2.0 Service details

<b>Registered organization/registered provider:</b> N.I. Association for Mental Health/William Henry Murphy	<b>Registered manager:</b> Orla Bridget Quigley
<b>Person in charge of the agency at the time of inspection:</b> Orla Bridget Quigley	<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
- Staff Handbook
- 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
- Induction checklist
- Learning and Development procedure, January 2016

- Incident, Accident and Near Miss Policy, February 2016
- Quality Management Policy, January 2016

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

Questionnaires were distributed for completion by staff and service users during the inspection; 11 staff and three 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, 10805, is a supported living type domiciliary care agency, situated on the outskirts of Bangor town. Agency staff offer domiciliary care and housing support to service users with enduring mental health problems.

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 representatives of the HSC Trust mental health services.

Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.' Service users live in a bungalow with other tenants and have their own en-suite rooms; there are shared kitchen and lounge facilities.

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 5 October 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. It was 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 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 organisations Induction Foundation Framework (IFF) during the 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 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 be in charge in the absence of the manager 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 organisations bank staff and that staff are not accessed from another domiciliary care agency. Staff could describe the impact of staff changes on service users and benefits of ensuring 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 could describe the rationale for fluctuating staff levels in order to meet the individual needs of service users.

The agency's supervision policy outlines the frequency and process to be followed; it was 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 organisations induction programme 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 and preferred routines. Staff indicated that they had the required knowledge, skills and support to carry out their roles; they described 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 manager described their responsibility in highlighting gaps on a monthly basis. 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 need.

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 and records viewed indicated that the agency has adhered to policy and procedures in dealing with allegations of any suspected or actual abuse.

It was identified that staff are provided with face to face and electronic training in relation to safeguarding vulnerable adults during their induction period and that they are required to complete an update two yearly. Staff who spoke to the inspector demonstrated that they had a good understanding of safeguarding issues and could clearly 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 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 completed in conjunction with service users and where appropriate their representatives 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. The inspector noted that the agency had recently reconfigured that location of the office to be less obtrusive to service users.

Eleven staff and three service user questionnaires were returned to the inspector; responses received from both service users and staff would indicate a high level of satisfaction that the care provided is safe.

### **Service user comments**

- 'I like living here; I feel less isolated.'
- 'Staff are very good and approachable.'
- 'I feel safe; staff help me to feel safe.'
- 'I like the support of staff.'
- 'Staff talk to me if I am worried.'

### **Staff comments**

- 'Service users are supported to take positive risks.'
- 'We have enough staff to meet the needs of the service users but it can be busy.'
- 'I get monthly supervision; it is worthwhile.'
- 'We get annual appraisal.'

- 'Training is good.'
- 'Risks are thoroughly assessed and service users are supported to take positive risks.'

### 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; 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 viewed a range of individual service user care records; service users stated that they are encouraged 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 risk assessments and care plans are reviewed and updated in accordance with the agency's policies and procedures. The manager stated that HSCT representatives are involved in an annual review process.

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 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 views of service users and where appropriate relevant representatives. In addition it included 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 tenant meetings; service users stated that they are 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 the agency maintains a record of all compliments and complaints; service users could describe the process for making a complaint.

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.



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 manager described recent involvement from an independent advocate for one individual service user.

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. Service users have the opportunity to attend the organisation's service user forum 'Beacon Voice'.

During the inspection it was observed that the agency seeks to maintain effective working relationships with the HSC Trust and other agencies. The manager and staff described instances of recent liaison in order to achieve better outcomes for service users.

Eleven staff and three service user questionnaires were returned to the inspector; responses received from both service users and staff would indicate a high level of satisfaction that the care provided is effective.

### Service users' comments

- 'Staff are very professional.'
- 'I can do what I want; staff support me to go out.'
- 'Staff talk about my care.'
- 'I feel much better living here.'

### Staff comments

- 'Service users are fully involved in care planning.'
- 'Service users are encouraged to lead their own lives; some do freely and some need support.'
- 'The manager is approachable.'
- 'The service users are involved in care planning.'
- 'We provide a high quality and standard of care.'
- 'We work well as a team; we support each other.'

### 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?

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.

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

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.

Staff could describe how the choices and views 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 meaningful 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. From records viewed it was noted that care plans were written in an individualised manner. Records of tenant partnership meetings reflected the involvement of service users and clearly detailed decisions made by service users. The inspector viewed a strategy plan developed in conjunction with service users and staff; the manager stated that it is developed from themes outlined within the organisational strategy.

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, annual service user and stakeholder questionnaires, monthly keyworker meetings and tenant meetings. The manager described the detail 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 able 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 their own 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 manager could describe the process for liaising with the HSC Trust in relation to instances where there are capacity and consent issues identified. Staff could describe the support currently being provided to one service user in relation to them gaining control of their finances and it was noted that this process has included the support of an independent advocate.

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

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 and satisfaction questionnaires provide evidence of consultation with service users and where appropriate relevant stakeholders. The inspector viewed the annual report formulated in relation to the agency and noted that it included details of the outcome of the consultations.

Eleven staff and three service user questionnaires were returned to the inspector; responses received from both service users and staff would indicate a high level of satisfaction that the care provided is compassionate.

### Service users' comments

- 'Staff are very understanding.'
- 'I can do what I want.'
- 'I get on well with the people I live with and the staff.'
- 'I volunteer walking the dog at \*\*\*\*\*.'

### Staff comments

- 'Service users are fully involved in all decisions.'
- 'The manager is excellent.'
- 'Service users are treated with dignity and respect.'
- 'We are here for the good of the service users.'
- '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. 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 a three yearly review of policies and procedures, regular 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 and documentation viewed indicated that the staff 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, appraisal, and management of performance issues.

The manager could describe the importance of ongoing processes to identify areas for improving the quality of the service, and of promoting better outcomes for service users.

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 which outlines their roles and responsibilities; the manager stated that copies of job descriptions had been re issued to staff during the previous staff meeting. 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 staff indicated that there are effective collaborative working relationships with external stakeholders, including where appropriate HSCT representatives.

Staff were familiar with lines of accountability and 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 and opinions are listened to and that the organisation addresses issues/concerns highlighted.

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

Eleven staff and three service user questionnaires were returned to the inspector; responses received from both service users and staff would indicate a high level of satisfaction that the service is well led.

### **Service user comments**

- 'The manager is great.'
- 'Staff are great.'

### **Staff comments**

- 'Training is excellent.'
- 'Senior managers regularly visit and seek the views of staff and service users.'
- 'I feel supported in my job.'
- 'We have staff meetings.'
- 'The manager and the Assistant Director are very good.'

## 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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### 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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