

Announced Care Inspection Report 9 October 2017



Type of Service: Domiciliary Care Agency- Supported Living
Address: 12 Enterprise Court, Enterprise,
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Tel No: 02891459874
Inspector: Jim McBride
User Consultation Officer Clair McConnell (UCO)

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

The agency 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.

3.0 Service details

Organisation/Registered Provider: Inspire Wellbeing Responsible Individual: Mr William Henry Murphy	Registered Manager: Tracey Ritchie (acting manager)
Person in charge at the time of inspection: Orla Quigley	Date manager registered: Tracey Ritchie, Acting Manager since 07/03/2017

4.0 Inspection summary

An announced inspection took place on 9 October 2017 from 13.30 to 15.30.

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

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Staff training
- Staff recruitment
- Service user consultation
- Quality monitoring.

On the day of the inspection the User Consultation Officer (UCO) spoke with two members of staff and one relative to obtain their views of the service. The service users were given the opportunity to speak with the UCO which was declined.

The UCO also observed interactions between staff and some of the service users.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Orla Quigley, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 27 June 2016

No further actions were required to be taken following the most recent inspection on 27 June 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection.

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

- Discussion with the registered manager
- Examination of records
- User consultation report
- Evaluation and feedback.

The following records were viewed during the inspection:

- Service users' care records
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records pertaining to:
 - Safeguarding
 - Infection control
 - Medication
 - Challenging behaviour
- Records relating to staff supervision
- Complaints records
- Staff rota information
- Safeguarding Policy (2017)
- Statement of Purpose (2017)
- Service User Guide (2017).

During the inspection the inspector met with the manager.

The inspector and user consultation officer would like to thank the agency staff and service users for their warm welcome and full co-operation throughout the inspection process.

The manager was provided with ten questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requested their return to RQIA. Eight staff questionnaires were returned to RQIA. The inspector also asked the acting manager to distribute eight questionnaires to tenant's. Five questionnaires were returned. Further detail of feedback is included throughout this report.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

The most recent inspection of the agency was an unannounced care inspection.

6.1 Review of areas for improvement from the most recent inspection dated 27 June 2016

There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

During the inspection the agency's processes in place to avoid and prevent harm to service users which includes staffing arrangements within the agency were reviewed by the inspector.

The UCO was informed by the staff interviewed that the majority of the staff have worked with the service users for a number of years. One member of staff had recently taken up employment and was able to describe at length the induction, training and support given by the staffing team.

Due to the complex needs of the service users, staff advised that they assist service users with tasks such as cleaning, cooking and personal care depending on the needs of the individual service user. Staff demonstrated that they were knowledgeable as to the types of activities the service users like to do, and to the level of support required to ensure their safety. No concerns were noted during the UCO's observations of staff interacting with the service users.

The UCO spoke to one relative as part of the inspection and no concerns were raised regarding the care being provided to their family member:

- “Consistency is great as the staff know XXX well.”
- “Good communication between the staff and me.”

Staff recruitment is co-ordinated and processed by the organisation’s human resources (HR) department. Documentation viewed and discussions with the registered manager indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work until required pre-employment checks as outlined within the minimum standards have been satisfactorily completed and verified. The manager could describe the process for obtaining confirmation that staff are available to commence employment.

The agency’s training and development policy outlines the induction programme lasting at least three days, which is in accordance with the regulations. Records viewed and discussions with the managers how that staff are required to attend corporate induction training and are required to complete an induction competency workbook. Staff are required to shadow other experienced staff employed by the agency for approximately two weeks during induction. The expectation is that staff complete the full induction programme within their initial nine month probationary period. Staff are provided with the agency’s staff handbook and have access to the agency’s policies and procedures online.

The agency retains a record of the induction programme provided to staff; documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff. The manager is required to sign all records to confirm that the staff member has been deemed competent at the end of the probationary period.

Discussions with the manager indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual service users. The agency’s staff rota information viewed by the inspector reflected staffing levels as described by the manager; the rotas denoted the person in charge on each shift. The inspector viewed rota information for weeks ending: 1/10/17, 8/10/17 and 15/10/17, the records in place were satisfactory.

The agency’s supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal. Records viewed by the inspector indicated that staff are provided with supervision and appraisal in accordance with the agency’s policies and procedures.

It was identified that the agency maintains an individual record for all staff detailing dates of competency assessments, training completed and details of registration status with relevant regulatory bodies such as Northern Ireland Social Care Council (NISCC).

The agency has an electronic system in place for managing staff training; the manager could describe the process for identifying gaps in training in conjunction with the organisations training department. Staff are required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. Training provided to staff is a combination of classroom based and E Learning.

The inspector viewed the agency's training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The agency has updated their policy and procedures to reflect information contained within the policy; the person in charge stated that the agency plans to provide information sessions for staff in relation to the updated procedures. The organisation has identified an Adult Safeguarding Champion (ASC); the manager could describe their key areas of responsibility. The agency has provided information sessions for service users 'Keeping myself safe'. The agency's policy and procedures clearly detail the process for staff in reporting concerns.

The manager demonstrated a clear understanding of safeguarding issues; and could clearly describe the procedure to be followed which is in accordance with the agency's policy and procedures.

Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults. From training records viewed staff are required to complete safeguarding vulnerable adults training during their induction programme, an online update annually and a classroom based update two yearly.

During the inspection 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 risk management policy outlines the procedure for assessing and reviewing risk; it details that comprehensive risk assessment and safety management plans are required to be completed in conjunction with service users. Service users are supported to participate in a six monthly review involving their HSC Trust keyworker and that care and support plans are reviewed six monthly or as required.

A number of service users have more frequent reviews in conjunction with their identified HSC Trust representative due to the nature of their individual needs. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly governance arrangements include an audit of risk assessments and any practices deemed to be restrictive.

The agency's premises are suitable for the operation of the agency as described in the Statement of Purpose (2017).

Five returned questionnaires from service users indicated that:

- Feel safe and protected from harm
- They can talk to staff if they are unhappy or have any concerns
- The care received helps you feel safe
- Staff are trained to meet their needs.

Questionnaire comments:

- “Staff are professional.”

Eight returned questionnaires from staff indicated:

- They feel that service users are safe and protected from harm
- There are risk assessments and Care Plans in place for the people who use the service
- Feel they receive appropriate training for their role
- They receive supervision and appraisal.

Questionnaire comments:

- “This is the first place I have worked where care is safe and effective and supervision is regular.”
- “Staff re observant and respond to identify any risks.”
- “Safety plans are in place for service users.”
- “Staff work together to minimise risks.”
- “Inspire provides very sufficient training for all staff.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: Recruitment, induction, training, supervision and appraisal; adult safeguarding and management of risks.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency’s arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The UCO was advised that the majority of the staff have worked for the agency for a number of years. New staff receive in-depth induction and training as well as support from the staffing team which was thought to be beneficial. Supervisions take place monthly with management as well as appraisals.

It was clear from discussions that the carers have good knowledge of the service users' needs and preferences. Each service user has an identified key worker who assists them as necessary with activities. Confirmation was also received that review meetings take place and social workers visit regularly to discuss the care provided to the service users.

Residents meetings take place on a regular basis between service users and staff to discuss any concerns or activities that service users would like to do. Service users have the option to not attend the meetings or take part in the activities if they don't wish to do so. Menu plans are also discussed at the meetings allowing service users to have input into the food provided.

Examples of some of the comments made by the staff and the relative interviewed are listed below:

- "We get lots of training, both online and attending courses.
- "Staff try to encourage the service users to do activities although there is little interest."
- "The facility is well looked after."

The agency's data retention policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely and that the agency's offices are accessed via a key system. Staff records indicated that they had received training relating to record keeping, confidentiality and data protection. On the day of inspection the agency's staff personnel and service users' records were retained securely and in an organised manner.

The manager could describe how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care plans. During the inspection the inspector viewed a number of service user care records; staff record daily the care and support provided and that the views and choices of service users are reflected.

Discussions with the manager indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by a range of service managers and assistant directors and an action plan developed.

The inspector viewed records of quality monitoring visits and noted that there is evidence that the system is robust; it was noted that comments made by service users, and where appropriate their representatives were included. The record includes details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation, finance and training.

Comments received during the monthly quality monitoring:

Service users' comments:

- "I'm very happy living here."
- "I'm happy with the staff advocacy."
- "I'm happy with the staff support."
- "I'm happy with my choices and freedom."

Staff Comments:

- “I like working as part of a team.”
- “My induction was very positive.”

Relative’s comments:

- “Very positive care and support from the staff team.”
- “The care and support is excellent.”
- “I have good communication with the staff team.”
- “Praise for the care and support given to my *****.”

HSC Trust representatives’ comments:

- “I’m happy with the care and support provided.”
- “The provision of care and support for my service user is appropriate for their needs.”
- “Good partnership working.”

The manager could describe a range of ways in which the agency seeks to maintain effective working relationships with relatives, HSC Trust representatives and other stakeholders.

Discussions with the manager and observations made during the inspection indicated that the agency has systems to promote effective communication between service users, staff and other key stakeholders. Observations of staff interactions with service users during the inspection indicated that they communicate appropriately with service users.

Five returned questionnaires from service users/relatives indicated that:

- They were aware of systems in place to monitor the quality/safety of the service they receive.
- They were involved in a review of their care needs.

Eight returned questionnaires from staff indicated that:

- Service users get the right care, at the right time and with the best outcome for them.
- Service users involved in the development of their plan of care.

Questionnaire comments:

- “The service is constantly monitored.”
- “Service users’ are consulted by writing their own care plans.”
- “We have regular monthly monitoring.”
- “Service improvement plans are in place.”
- “Staff work together for the best outcomes for service users.”
- “We have a high performing team.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders and the monitoring of the quality of the services provided.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

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 in decisions affecting their care and support.

There were discussions with the UCO about the service users' everyday lives and the type of activities that they do with the support of the staff. Below are a number of activities that the service users have carried out:

- Meals out
- Coffee shops
- Shopping
- Walks
- Holidays or day trips
- Caring for chickens
- Household chores such as cooking and cleaning.

The staff and relative interviewed confirmed that service users are given choice in regards to the decoration of their individual rooms and visitors have free access to the building.

Discussions with the manager and observations made by the inspector indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. The manager and staff could describe examples of how they support service users to take positive risks to enable them to live a more fulfilling life. Staff have been provided with training and information in relation to human rights and confidentiality during their induction programme. The agency has provided service users with information relating to human rights, advocacy and adult safeguarding.

From observations of staff interactions with service users during the inspection it appears that staff endeavour to provide care in an individualised manner and strive to ensure that service users are encouraged and supported to make informed choices. Records of service user meetings reflected the involvement of service users and contained comments/suggestions made by service users.

Comments made by service users and where appropriate their representatives were detailed throughout a range of the agency’s documentation. Processes to effectively engage and respond to the comments and views of service users and where appropriate their representatives are maintained through the agency’s complaints process, one to one meetings with service users, monthly quality monitoring visits, six monthly care review meetings involving HSC Trust keyworkers, stakeholder and service user satisfaction surveys and tenant meetings. It was identified from records viewed that the agency’s quality monitoring process assists in the evaluation of the quality of the service provided and in identifying learning outcomes and areas for improvement.

Observations made by the inspector during the inspection indicated that service users are encouraged to make choices regarding their individual daily routine and activities. The inspector noted that service users could speak to staff at any time.

Five returned questionnaires from service users indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care
- Their views and opinions were sought about the quality of the service
- The care you receive meets needs and expectations.

Eight returned questionnaires from staff indicated that:

- Service users are treated with dignity and respect and involved in decisions affecting their care.
- They were satisfied that the people who use the service have their views listened to.
- They were satisfied that improvements are made in line with the views of the people who use the service.
- They were satisfied that the agency provides the people who use the service with information on their rights, including the choices and decisions they can make about the service they receive.

Questionnaire comments:

- “Staff listen to service users and their needs are respected.”
- “They are involved in decisions regarding their care.”
- “I feel the service users are listened to.”
- “Each service user is provided with easy read human rights information.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. The agency has implemented robust systems of management and governance. The agency is managed on a day to day basis by the registered manager supported by a team of care workers.

The UCO was informed by the staff interviewed that they feel that the service is well led. Supervisions take place regularly and staff feel able to speak with management between meetings if required. Appraisals and monthly monitoring visits are also taking place.

Examples of some of the comments made by the staff interviewed are listed below:

- “Brilliant management support.”
- “Everyone is very supportive and approachable.”

The relative advised that an issue had been raised with management and that they were satisfied as to how the matter was addressed.

A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards. The inspector noted that the agency had a process where staff are required to access the organisation’s policies and to indicate they have read them.

The agency’s complaints policy clearly outlines the procedures and timescales for managing complaints. Staff stated that they had received training in relation to complaints management during their induction; discussions with the manager indicated that staff have a clear understanding of the actions to be taken in the event of a complaint being received. It was identified from records viewed that the agency has received no complaints since the previous inspection. The agency has systems in place for auditing and reviewing complaints on a monthly basis with the aim of improving the quality of service provided to service users.

There are management and governance systems in place within the agency to promote and drive quality improvement. Discussions with the manager indicated that the agency’s governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of compliments and complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA. During the inspection the inspector viewed records that evidenced staff receive appropriate staff induction, training, supervision and appraisal.

The manager could describe the benefits of continually reviewing the quality of the services provided in identifying areas for improvement and highlighting good practice.

The inspector identified from records viewed and discussion with agency staff that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The manager stated that all staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency’s policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the HR department. Records viewed by the inspector indicate that staff are registered appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency’s Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

Five returned questionnaires from service users indicated that:

- They feel the service is managed well.
- They were satisfied that any concerns or complaints would be listened to and responded to.

Eight returned questionnaires from staff indicated that:

- The service is managed well.
- They were satisfied that quality monitoring is undertaken regularly for both staff and people who use the service.
- Were satisfied that complaints from the people who use the service are listened to.
- Were satisfied that the current staffing arrangement meets the service user’s needs.

Questionnaire comments:

- “The manager of the service is the most dedicated manager I have worked with.”
- “We have a very good home manager who listens to the residents.”
- “We could always do with more staff.”
- “Leadership is good.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s management and governance arrangements, management of complaints, incidents, quality monitoring and improvement.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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