

Unannounced Care Inspection Report

15 December 2016



N.I. Association for Mental Health

Type of service: Domiciliary Care Agency

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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 (10806) took place on 15 December 2016 from 10.15 to 15.45.

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 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 assessed 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. It was identified that 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 systems in place to promote effective communication with service users and stakeholders; this was verified by observations made and discussions with staff and 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 identified 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 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 management and governance systems to meet the needs of service users. Agency staff have an 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, the Domiciliary Care Agencies Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Biju Thomas, 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

Registered organisation/registered person: N.I. Association for Mental Health/William Henry Murphy	Registered manager: Biju Thomas
Person in charge of the service at the time of inspection: Biju Thomas	Date manager registered: 7 February 2014

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
- 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
- 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
- Statement of Purpose
- Service User Guide

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

Questionnaires were distributed for completion by staff and service users during the inspection; five 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 (10806) is a supported living type domiciliary care agency located on the outskirts of Bangor. The agency provides 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.

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 12 May 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 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 noted 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 in the form of an email when the process has been completed and provided assurances that staff are not provided until satisfactory pre-employment checks and initial induction has been completed. It was noted that the manager retains details of staff registration status with the Northern Ireland Social Care Council (NISCC).

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 manager stated that staff do not lone work for the initial three 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 inspector noted that staff required to provide cover for the manager in their absence are required to complete annual competency assessments; a record is maintained.

The agency has a procedure for the induction of staff supplied at short notice/emergency and for verifying their identity; it was noted 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 endeavour to ensure continuity of care.

Staff could describe the detail of the organisation's induction programme and stated that it had equipped them for the requirements of their job roles. 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 stated that they felt they had the required knowledge and skills to fulfil their roles; they could describe the importance of respecting the privacy, dignity and choices of service users.

The agency's supervision policy outlines the frequency and process to be followed; from records viewed it was identified that staff are provided with a supervision contract. The agency's learning and development policy details the process 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 stated that they were beneficial to their roles.

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 role 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 mandatory training and in addition are provided with training specific to the needs of individual service users' i.e. mental health awareness. The manager and staff stated that individual training needs are discussed during supervision and appraisal meetings.

Discussions with the manager, staff and service users indicated that on most instances an appropriate number of skilled and experienced persons are available to provide the required care and supported. The manager could describe reasons that on occasions staffing levels are reduced and the procedures for accessing additional staff to ensure that service users receive the required care and support. Staff rota information viewed reflected staffing levels as described by the manager and staff; the manager stated that levels of staff can fluctuate on a daily basis due to the changing needs of service users.

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 registered manager described the role and support provided from the identified safeguarding designated officer within the organisation and HSC Trust safeguarding representatives.

The agency has a process for maintaining a record of safeguarding vulnerable adult referrals; discussions with the manager, staff and records viewed indicated that staff have knowledge of the agency's policy and procedures in relation to handling 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. It was identified that staff had a clear 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 requirement that risk assessments and management plans are completed in conjunction with service users. It was noted from records viewed and discussions with staff that risk assessments are completed in conjunction with service users and 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 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.

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

Service user comments

- 'The staff are good.'
- 'I talk to the manager if I am worried.'
- 'Any problems I come to the manager.'
- 'I like it here I get on well with the other people who live here.'
- 'I have choice; I have freedom.'
- 'I think there is enough staff to cope with things.'

Staff comments

- 'I really like working here.'
- 'I got induction and lots of training'
- 'Service users are safe.'
- 'We have enough staff at the minute.'
- 'Times of staff sick leave can put a strain on the service.'
- 'Supervision and appraisal are worthwhile.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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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. It was noted that 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.

The inspector viewed a number of care records relating to individual service users; service users indicated that they are encouraged to participate in the development of their care plans. Records viewed indicated that risk assessments and care plans are reviewed and updated in accordance with the agency's policies and procedures. It was noted that staff record daily the care and support provided to service users; the manager describe plans that will be implemented to enable service users to record their daily activities electronically.

Documentation viewed and discussions with staff indicated that the agency has in place systems to monitor, audit and review the effectiveness and quality of care delivered to service users.

The inspector noted that the registered manager is required to complete a monthly operational report prior to the monthly quality monitoring visit completed by a services manager from within the organization. The inspector viewed records of monthly quality monitoring visits and noted that they included the comments of service users and where appropriate their representatives. The records include details of the audit of complaints, accidents, incidents, safeguarding concerns; in addition it was noted that a review of staffing arrangements, documentation and financial management arrangements is completed.

The agency facilitates service user meetings; it was noted that the service users are encouraged to chair the meetings. Service users stated that they are given opportunity to express their views and opinions on a range of matters. The manager stated that service users 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 inspector noted that procedure in relation to service users accessing support of an independent advocate is detailed in the agency's Service User Guide.

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 the manager and staff at any time; discussions with service users and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users.

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 ongoing liaison in order to achieve better outcomes for service users.

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

Service users' comments

- 'My keyworker is very good.'
- 'I help make the food.'
- 'I do a lot of reading and creative writing; I have been involved in reminiscence groups.'
- 'The art group is really good'

Staff comments

- 'Staff team work well together'
- 'I feel supported in my role.'
- 'I feel listened too.'
- 'Service users have choice; they can do what they want.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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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 involve service users meaningfully in decisions pertaining to their individual care and support.

Discussions with the registered manager and staff indicated that they had knowledge of the agency's confidentiality policy; staff could describe the importance of ensuring confidentiality of information relating to individual service users at all times and the processes in place to ensure this.

Discussions with service users and staff, and observations made by the inspector 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 endeavour to provide care in an individualised manner. It was noted from discussions with service users and care plans viewed that staff support service users to assist in the development of individualised care plans.

Staff stated that the individual choices made by service users are paramount to the care provided and described the support provided to enable service users to take positive risks and to live a more independent and fulfilling life. Staff stated that they had received human rights training as part of their initial induction.

Service users stated that staff support them to make decisions relating to the care they receive and in developing their individual care and support plans. The inspector viewed minutes of service user meetings and noted that they indicated the involvement of service users and records decisions made by service users in a range of areas. The inspector noted from observation of staff interaction with service users that they are encouraged to make choices relating to their daily activities.

The inspector noted from records viewed that the views of service users were recorded throughout a range of the agency's documentation. Formal processes to record and respond to service users are maintained through the compliments and complaints process, monthly quality monitoring, review meetings involving HSCT representatives, annual service user and stakeholder questionnaires, weekly keyworker meetings and tenant meetings. The manager stated that the feedback received from annual questionnaires is returned to the agency's quality department and an action plan developed.

The inspector noted that the agency has recently developed a proforma to assist service users in making their views known.

During the inspection the inspector observed agency staff communicating with service users in a manner which took into account their individual views and choices. 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, shopping and day to day routines.

During the inspection the inspector viewed a range of relevant information in an alternative format provided by the agency for service users.

Staff could describe the ongoing liaison with HSCT representatives in relation to individuals who require additional support; they could describe the process for liaising with the HSCT representatives in instances where there are capacity and consent issues identified.

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 where appropriate their representatives. The agency's monthly quality monitoring, service user meetings and satisfaction questionnaires provide evidence of processes used for consulting with service users and where appropriate relevant stakeholders.

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

Service users' comments

- 'Staff listen to me.'
- 'I had a problem and I spoke to staff and they sorted it out.'
- 'I am happy with most things.'
- 'I attend a review meeting every three months.'
- 'Staff help me with spelling and filling out forms.'
- 'I am the spokesperson for the residents; we develop the menu and we can get what we like.'
- 'I am waiting on a flat of my own.'
- 'I self-medicate; it works out pretty well.'

Staff comments

- 'Good family feeling in the house.'
- 'Service users have their own keyworker.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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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 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. Staff stated that they have full access to policies and procedures at all times and the inspector noted that they are retained electronically; the agency has a guide for staff to assist them in locating the required policy.

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 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 managing complaints; it was noted from records viewed that the agency has received one complaint 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 monthly, identifying trends and implementing measures to reduce the risk of recurrences. Records viewed and discussion with the registered manager provided evidence of appropriate staff supervision and appraisal.

During the inspection staff could describe the need 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 could describe the process for accessing support 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 and service users stated that the registered manager is approachable. Staff could describe the process for receiving additional support or guidance out of office hours. Staff who spoke to the inspector indicated that 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.

Five staff and five service user questionnaires were returned to RQIA; 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 have any problems I speak to the manager.'
- 'Staff help us.'
- 'Staff are good.'

Staff comments

- 'The manager is good.'
- 'We are a great team; we all have our own strengths.'
- 'I feel supported in my role.'
- 'The manager is approachable.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	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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