

# Announced Care Inspection Report 19 September 2017



## Ballymisert Heights

**Type of Service: Domiciliary Care Agency**  
**Address: 292 Hollywood Road, Belfast, BT4 1SD**  
**Tel No: 02890653974**  
**Inspector: Jim McBride**

[www.rqia.org.uk](http://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

Ballymisert Heights is a supported living type domiciliary care agency, situated in a residential area of East Belfast. The agency offers domiciliary care and housing support to service users with enduring mental health needs; the registered office is located within the same building as a number of the service users' homes.

The agency's aim is to provide care and support to service users with the overall goal of promoting good mental health and maximising quality of life. Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker'.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Inspire Wellbeing  <b>Responsible Individual:</b> William Henry Murphy	<b>Registered Manager:</b> Lorraine Simpson
<b>Person in charge at the time of inspection:</b> Lorraine Simpson	<b>Date manager registered:</b> 9 March 2009

### 4.0 Inspection summary

An unannounced inspection took place on 19 September 2017 from 09.00 to 13.00.

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

Evidence of good practice was found in relation to:

- staff training
- staff recruitment
- service user consultation
- quality monitoring

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
<b>Total number of areas for improvement</b>	0	0

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

### 4.2 Action/enforcement taken following the most recent care inspection dated 19 September 2016

No further actions were required to be taken following the most recent inspection on 19 September 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
- discussion and observation of service users
- examination of records
- consultation with staff
- 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*
  - Challenging behaviour*
  - Medication*
  - Keeping adults safe*
  - Service user monies*
- records relating to staff supervision
- complaints records
- staff rota information
- Safeguarding Policy (2017)
- complaints Procedures
- Statement of Purpose (2016)
- Service User Guide (2016)

During the inspection the inspector met with one service user and observed others going about their daily activities with staff, the registered manager and four care staff members. The staff interviewed gave a comprehensive overview of the service and were knowledgeable about the care and support needs of the service users. The inspector 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 manager to distribute ten questionnaires to tenant's. Two questionnaires were returned. Further detail of feedback is included throughout this report.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 19 September 2016**

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

### **6.2 Review of areas for improvement from the last care inspection dated 19 September 2016**

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

## **6.3 Inspection findings**

### **6.4 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 inspector noted that 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; it was noted from records viewed and discussions with staff and the manager that all staff are required to attend corporate induction training and are required to complete an induction competency workbook. Staff interviewed stated that care 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. Staff stated that they felt they had the knowledge, skills and experience to fulfil the requirements of their individual job roles. 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.

It was identified that relief staff are not accessed from any other agencies and the inspector noted that if required, additional staff are accessed from a group of staff employed by the agency. The manager could describe the process for ensuring that staff provided at short notice have the knowledge and skills to fulfil the requirements of the job role; this included ensuring that details of induction provided are retained.

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 and staff; the rotas denoted the person in charge on each shift. The inspector viewed rota information for weeks ending: 10/9/17, 17/9/17 and 24/9/17, 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. Staff who met with the inspector confirmed that they had received supervision and appraisal and could describe the benefits. One staff member stated that *"Supervision is one to one and is a safe place to discuss issues."*

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; staff could describe the process for identifying gaps in training in conjunction with the manager and 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. Staff who spoke to the inspector stated that they felt that their training had equipped them with the knowledge and skills for their role; they stated that they discuss their training needs during their individual supervision and appraisal meetings and are supported to complete additional training to further enhance their knowledge and skills.

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.

Discussions with staff demonstrated that they had a clear understanding of safeguarding issues; staff 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. Staff who spoke to the inspector demonstrated that they had knowledge of the agency's safeguarding procedures and whistleblowing policy.

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. The inspector noted that 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 registered premises are located adjacent to the service users' homes and accessed from a separate entrance; the premises include a number of offices that are suitable for the operation of the agency as described in the Statement of Purpose (2016).

#### **Service user comments during inspection:**

- "I have my privacy here."
- "I feel safe and secure here."
- "My accommodation is excellent and affords me all the privacy I need."

#### **Staff comments during inspection:**

"Both training and induction is good and prepares you for the role."

Two 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:**

“Very good and they are there when needs be.”

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.

**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
<b>Total number of areas for improvement</b>	0	0

**6.5 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 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 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.

Staff 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; this was confirmed by a service user who met with the inspector. 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 staff and records viewed 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 get on well with staff."
- "I have no issues with the service."
- "I'm getting on well here, I love it."
- "I would never go back to shared living."

#### **Staff Comments:**

- "The residents receive a good quality of care."
- "This is a good service."
- "Managers are supportive."

#### **Relative's comments:**

- "I have no complaints."
- "\*\*\*\*\* has settled well and the staff are very helpful."
- "The project provides excellent service."
- "\*\*\*\*\* feels safe and secure here."

#### **HSC Trust representatives' comments:**

- "Staff are very accommodating."
- "This is a valuable resource for clients."
- "Positive support is available from all staff."

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 staff, service users 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. Service users could describe the process for reporting concerns or complaints; the agency provides service users with details of advocacy services available.

The agency facilitates monthly service user meetings in each of the service users' homes; the one service user who met with the inspector indicated that he is given opportunity to express his views and choices. The agency maintains a record of items discussed; they also include the views of service users.

The inspector noted some of the areas discussed during meetings:

- health and safety
- safeguarding
- partnership meetings
- “Get inspired get involved”

Monthly staff meetings are facilitated; staff are required to sign the minutes of meetings to indicate that they have read and understood the matters discussed and the information provided. The inspector noted some of the areas discussed during meetings:

- risks
- tenants issues
- personal boundaries
- professionalism
- complaints
- training
- medication
- team working

**Service user comments during inspection:**

- “My support is excellent.”
- “I have become more involved with others here.”
- “I have developed new skills here.”
- “I have become a new involved person now.”

**Staff comments during inspection:**

- “Training and induction is comprehensive.”
- “We have a good working relationship with senior staff.”

Two 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:**

“Care is extremely effective some more training may be effective for staff.”

## 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
<b>Total number of areas for improvement</b>	0	0

### 6.6 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.

Discussions with service users and agency staff, 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. 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 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. Agency staff have a range of information available in an alternative format to support service users if required. One service user who spoke to the inspector stated that *"Staff support everyone in making decisions regarding the care and support they receive"*. 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 monthly 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.

Positive feedback was received from the annual customer satisfaction survey completed by the agency including the areas that service users had the opportunity to comment on:

- I am able to access support when I need it.
- The care and support that I receive is safe and is of a high standard.
- I am treated with dignity and respect by all who support me.
- I am supported by people who know and understand me.
- I receive explanations about the outcome of any discussions, assessments or reviews that I am involved in
- I am actively involved in decisions and I'm supported to take control of my own life.
- I feel confident that what I say will be listened to and will be used to help me to make decisions about service delivery.
- I understand how I can make a complaint if I am unhappy with the service that I receive.
- The service environment is safe, well maintained and fit for purpose.
- The support that I receive promotes my mental wellbeing.
- The support that I receive has a positive impact on my life.

**Comments received from service users during the survey:**

- "I am happy with the support I receive."
- "I am doing really well and I get plenty of support from all staff."
- "I enjoy being here at Ballymisert, it is excellent. I find the staff very helpful and they are providing a great service to me here. The Scheme is top class and I thoroughly enjoy my time here. Thank you."

**Service user comments during inspection:**

- "Staff are very caring and supportive."
- "I love living here and have learned so much more about myself."

**Staff comments during inspection:**

- "Tenants care and support needs come first for all staff."
- "We support people's independence."

Two 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.

**Questionnaire comments:**

"I'm very happy with my care here."

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:

- “All staff have time and management support to allow development of good working relationships with service users.”
- “Service users have access to a variety of forums to discuss their views in conversation with staff.”
- “Staff are very good at highlighting service user rights.”

#### 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
<b>Total number of areas for improvement</b>	0	0

#### 6.7 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 senior care workers and support staff.

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 staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. One service user who spoke to the inspector could describe the process for making a complaint or raising concerns. It was identified from records viewed that the agency has received one complaint since the previous inspection and that they have acted in accordance with their policies and procedures when dealing with complaints.

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. Staff 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.

Staff had a clear understanding of the responsibilities and requirements of their job roles; one service user who met with the inspector was aware of staff roles and knew who to talk to if they needed support. Staff could describe the process for obtaining guidance and support including arrangements for out of hours; they stated that the manager and senior staff are supportive, approachable and willing to listen to their comments.

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.

#### **Service user comments during inspection:**

- "This is an excellent service for me and makes me feel good."
- "The manager and staff are really helpful."

#### **Staff comments during inspection:**

- "We have a great relationship with the seniors and the manager."
- "The manager is supportive to all staff."
- "The team communicates well with each other."

Two 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 scheme operates very well. High standards are maintained and managers encourage staff to be responsible in their own role."
- "Excellent leadership from head office."
- "Excellent support workers."

#### 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
<b>Total number of areas for improvement</b>	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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



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