

Unannounced Care Inspection Report 19 September 2016



NIAMH Ballymisert Heights

Type of service: Domiciliary Care Agency
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Tel No: 02890653974
Inspector: Joanne Faulkner

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of NIAMH Ballymisert Heights took place on 19 September 2016 from 09.45 to 15.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care, and if the service was well led.

Is care safe?

Delivery of safe care was evident on inspection. The agency has in place staff recruitment, training and induction systems and ensures that there is at all times an appropriate number of suitably qualified, competent and experienced staff to meet the needs of service users. The welfare, care and protection of service users is promoted through the identification of safeguarding concerns, implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust, and when required other stakeholders. The agency has systems in place for ensuring the identification, prevention and management of risk and to promote positive outcomes for service users. Service users indicated that they felt care provided to them was safe. No areas for improvement were identified during the inspection.

Is care effective?

Delivery of effective care was evident on inspection. The agency responds appropriately to meet the individual needs of service users through the assessment of need and the development and review of individualised care plans. The agency has in place robust systems for reviewing and monitoring of quality of care in conjunction with service users, and where appropriate their representatives, and for providing ongoing assurance of continuous service improvement. There are systems in place to promote effective communication with service users and stakeholders; this was verified by observations made during the inspection. Staff and service users indicated that they felt the care is effective. 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 and support. It was noted from observations made and discussions with service users that staff value and respect the views of service users. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a meaningful and fulfilling life. The agency has effective systems in place for obtaining and responding to the views and opinions of service users and their representatives. Service users indicated that they felt care provided was compassionate. No areas for improvement were identified during the inspection.

Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. The agency has in place robust management and governance systems to meet the needs of service users.

Agency staff have 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 the Minimum Standards and fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. Evidence of effective and collaborative working partnerships with HSC Trust representatives and other external stakeholders was evident during the inspection. Staff and service users indicated that they felt the service was well led. No areas for improvement were identified during the inspection.

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

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 Lorraine Walker, 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 2 July 2015.

2.0 Service details

Registered organisation/registered person: NI Association for Mental Health/William Henry Murphy	Registered manager: Lorraine Walker
Person in charge of the service at the time of inspection: Lorraine Walker	Date manager registered: 9 March 2009

3.0 Methods/processes

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

- Discussion with the registered manager and staff
- Examination of records
- Consultation with service users
- Evaluation and feedback

Prior to inspection the following records were analysed:

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

The following records were viewed during the inspection:

- Service users' care records
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Staff rota information
- Staff Handbook
- Induction checklist
- Recruitment and Selection Policy; August 2015
- Supervision Policy, February 2016
- Adult Safeguarding Policy, February 2016
- Quality Management Policy, January 2016
- Disciplinary Procedure, August 2015
- Whistleblowing Policy, March 2016
- Complaints, Compliments and Concerns Policy, December 2014
- Data Protection Policy, February 2016
- Management of Records Policy, August 2015
- Confidentiality Policy, March 2016
- Statement of Purpose, April 2016
- Service User Guide, January 2016

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

Questionnaires were provided for completion by staff and service users following the inspection; one service user questionnaire was returned to RQIA.

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

4.0 The inspection

Niamh Ballymisert Heights is a supported living type domiciliary care agency, situated in a residential area on the outskirts of Belfast. The agency recently relocated to the current purpose built accommodation. 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'.

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 2 July 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 21.- (1)(a) Schedule 4 Stated: First time	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are- (a) kept up to date, in good order and in a secure manner;	Met
	This requirement relates to the registered person ensuring that the agency's staff rota includes a key for abbreviations used.	
	Action taken as confirmed during the inspection: The inspector viewed the agency's staff rota and noted that it included a list of abbreviations.	

4.2 Is care safe?

During the inspection the inspector reviewed current staffing arrangements in place within the agency.

The agency's recruitment policy outlines the mechanism for ensuring that required pre-employment checks are completed for all staff prior to commencement of employment. It was identified that a record detailing checks completed is retained by the agency's human resources department; prior to the inspection the inspector was provided with a copy of the checklist. The registered manager stated that they receive notification when the process has been satisfactorily completed and stated that staff are not provided until all necessary checks and training has been completed.

The agency's probation policy and induction handbook detail the induction programme lasting at least three days which is in accordance with the regulations. The inspector identified from discussions with staff and records viewed that staff are required to complete the organisations induction framework during the initial nine months of employment. Documentation viewed details the information provided and additional support available to staff during their induction period. It was noted that staff are required to complete a reflection tool following training received and that staff required to be in charge complete an annual competency assessment. Staff could describe the detail of the induction provided and how it had equipped them for the requirements of their individual job roles.

The agency has a procedure for the induction of staff supplied at short notice/emergency and for verifying their identity; it was identified from discussions with the registered manager that additional staff are accessed from the organisations team of relief staff. Staff discussed the impact of frequent staff changes on service users and the need to promote continuity of care.

Discussions with the manager, staff and service users indicated that there are available at all times an appropriate number of skilled and experienced persons to meet the needs of the service users. The agency's staff rota information reflected staffing levels as described by the manager and staff; it was noted the additional staff have recently been employed.

The agency's supervision policy outlines the frequency and procedure to be followed; it was noted from documentation viewed that staff are provided with a supervision contract and that a supervision log is maintained. The agency's learning and development policy details the procedure for staff appraisal. The inspector noted that 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 indicated that supervision was beneficial.

Discussions with staff indicated that the induction programme included relevant mandatory training, shadowing other staff members, meeting service users and becoming familiar with their individual care and support needs. Staff stated that they felt they had the required knowledge, skills and support to effectively fulfil the requirements of their job. Staff could identify the need to respect the privacy, dignity and choices of service users.

The agency has an electronic system for recording staff training (Cascade); it was noted that the records contain the date and type of training completed by staff and in addition highlights when training is required to be updated. Staff stated that they are required to complete mandatory training and in addition training specific to the needs of individual service users' i.e.

mental health awareness and managing challenging behaviour. Staff stated that training needs are discussed during individual supervision and appraisal meetings.

The inspector examined the agency's provision for the welfare, care and protection of service users. It was noted that 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 recently reviewed and updated their policy and procedures to reflect information contained within the guidance. The manager described the role and support provided from the identified safeguarding lead within the organisation.

The agency maintains records in relation to safeguarding vulnerable adults; discussions with the registered manager and records viewed indicated that the agency has made no referrals in relation to allegations of any suspected or actual abuse.

It was identified from discussions with staff and from training records viewed that staff received both face to face training during their induction period in relation to safeguarding vulnerable adults; it was noted that staff receive a training update two yearly. Staff who spoke to an inspector demonstrated that they had a clear understanding of safeguarding information and 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 identified.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's policy for referral and care planning outlines the process for assessing and reviewing risk; it details the expectation that risk assessments and management plans are completed in conjunction with service users and where appropriate their representatives. It was noted from records viewed and discussions with staff that a comprehensive range of risk assessments have been completed in conjunction with service users and where appropriate their representatives and are reviewed annually or as required.

The agency's registered premises are located in an apartment within the same building as a number of the service users' apartments; the premises include a range of facilities which are suitable for the operation of the agency as described in the Statement of Purpose.

The responses from one service user questionnaire returned to RQIA indicated that the service user was satisfied that care provided by the agency is safe.

Service user comments

- 'I get on well with the others living here.'
- 'I like it here.'
- 'Staff are pleasant and caring; I am very happy here.'
- 'If I am worried I speak to the staff.'
- 'Staff are great; I have no problems with anything.'
- 'I am really happy here.'
- 'This place is excellent.'

Staff comments

- 'I feel the care is safe.'

- 'We have enough staff at present.'
- 'I get supervision and appraisal.'
- 'The training is very in depth, interesting and useful.'
- 'I got induction and orientation training.'
- 'We get informal day to day supervision and guidance from the seniors.'

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. 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 and data retention and disposal policies outline the processes for the creation, storage, retention and disposal of records; a range of records viewed during the inspection indicated that documentation is maintained in accordance with legislation, standards and the organisational policy.

Service users stated that they are involved in the development of their care plans; a number of individual care plans were viewed by the inspector. Staff record daily the care and support provided to service users; it was noted that a number of service users are supported to record their daily activities.

Records viewed indicated that risk assessments and care plans are reviewed and updated six monthly in accordance with the agency's policies and procedures. The inspector noted that HSC Trust representatives are involved in a six monthly review process or more frequently if required. The manager described examples of ongoing liaison with HSCT representatives.

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

It was noted that the agency has a monthly quality monitoring visit by a senior manager within the organization; records maintained included the comments of service users and where appropriate relevant representatives. The records include details of the audit of complaints, compliments, accidents, incidents, safeguarding concerns and in addition a review of staffing, documentation and financial management arrangements are completed. It was noted that a detailed action plan with timescales is developed.

The agency facilitates partnership meetings; records viewed and discussions with service users indicate that they are encouraged to attend and supported to express their views and opinions. Service users stated that they are provided with details of the agency's complaints procedure and could describe the process for making a complaint; it was noted that the agency maintains a record of compliments and complaints.

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

It was noted that the agency provides service users with human rights information issued by the Ministry of Justice and information relating to accessing an independent advocate. The manager stated that an independent advocate attended a recent partnership meeting.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. The agency facilitates regular partnership and staff meetings; a record is maintained of areas discussed.

Observations made during the inspection and discussions the registered manager indicated that the agency seeks to maintain effective working relationships with the HSC Trust and other agencies. The manager and staff described instances of recent and ongoing liaison in order to achieve better outcomes for service users.

The responses from one service user questionnaire returned to RQIA indicated that the service user was satisfied that care provided by the agency is effective.

Service users' comments

- 'Staff help me with shopping.'
- 'I have no worries; I like it here.'
- 'I go to New Horizons, I do courses; I like it.'
- 'I can take my own medication.'
- 'Staff help me with forms.'
- 'I have a keyworker.'

Staff comments

- 'Service users' independence is promoted.'
- 'We have ongoing communication with the Trust staff.'
- 'Service users are involved in care planning.'

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?

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, support and life choices.

Discussion with staff indicated that they had knowledge of the agency's confidentiality procedure and could describe the importance of ensuring confidentiality at all times.

Discussions with service users and agency staff and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation and that staff aim to provide in an individualised manner. Observations made during the inspection indicated that the views and choices of service users are central to service provision. Staff could describe instances of how they support service users to take positive risks to enable them to live a more independent, meaningful and fulfilling life. Staff stated that they had received human rights training during their initial induction.

During the inspection the inspector observed agency staff communicating with service users in a manner which took into account their individual views and choices. It was noted that service users are supported to make choices regarding their daily routines. Service users stated that staff agency respect their privacy and dignity; they stated that they can make their own decisions. Documentation viewed indicated that service users and where appropriate their representatives are involved in decision making relating to the care they receive.

Care plans viewed were noted to be written in an individualised manner and service users confirmed that they are involved in decisions relating to the care they receive. It was noted that a number of service users are supported to record their daily activities. Records of tenant partnership meetings reflected the involvement of service users and detailed decisions and choices made by service users.

The manager could describe the process for liaising with the HSC Trust in relation to instances where there are capacity and consent issues identified.

It was noted that the views of service users and/or their representatives were recorded throughout a range of relevant agency documentation. Formal processes to record and respond to service users are maintained through the compliments and complaints process, monthly quality monitoring, review meetings involving HSC Trust representatives, keyworker meetings, service user and stakeholder questionnaires and tenant partnership meetings.

The agency has systems in place to evaluate the quality of service provided; it was noted that it they are completed in a in a manner which takes into account the views of service users and were appropriate their representatives. The agency's monthly quality monitoring, tenant's meetings and stakeholder satisfaction questionnaires provide evidence of consultation with service users and stakeholders.

The responses from one service user questionnaire returned to RQIA indicated that the service user was satisfied that care provided by the agency is compassionate.

Service users' comments

- 'I am very happy here.'
- 'I love it here; I can do what I want.'
- 'I make my own food.'
- 'I am very independent; I go out on the bus or a taxi.'
- 'I go to the tenants meetings.'
- 'This place is fantastic; the staff are great.'

Staff comments

- 'This new place is great.'
- 'The move to the new accommodation has been positive; service users have their own space and can come and go as they please.'
- 'Service users have more choice now.'

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.

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. It was identified that policies and procedures are retained both electronically and in paper format stored within the agency's office; staff had a clear knowledge of the process for accessing the agency's policies and procedures.

Discussions with the manager and records viewed indicated that the agency's governance arrangements promote the identification and management of risk; these include ongoing review of required policies and procedures, monthly audit of complaints, safeguarding incidents, and incidents notifiable to RQIA.

The agency's complaints, compliments and concerns policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received no complaints for the period 1 April 2015 to 31 March 2016. Discussion with the manager and staff indicated that they were familiar with the process for receiving and managing complaints. It was noted that the agency had provided service users with the complaints policy in an easy read format.

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 systems for auditing, identifying trends and identifying measures to reduce the risk of recurrences on a monthly basis. Records viewed provided evidence of appropriate staff supervision and appraisal. The manager could describe the importance of reviewing services provided to identify areas for improvement.

The organisational and management structure of the agency outlines lines of accountability and roles of staff. It was noted that staff are provided with a job description outlining their individual role and responsibilities. Service users who spoke to the inspector were aware of staff roles and knew who to contact if they required guidance or support.

The registered person has led 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.

On the date of inspection the agency were awaiting an updated certificate of registration from RQIA due to the recent relocation of the agency's registered premises.

Discussions with the registered manager and staff indicated that there are effective collaborative working relationships with external stakeholders; the inspector viewed records of recent liaison with HSCT representatives in relation to new service users.

Staff could describe the process for receiving support or guidance as required and the out of hours arrangements. Staff stated that they can access support of the manager at any time.

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

The responses from one service user questionnaire returned to RQIA indicated that the service user was satisfied that care provided by the service is well led.

Service user comments

- 'The staff are great and the manager.'
- 'The support is good.'

Staff comments

- 'We have a supportive team.'
- 'The manager is supportive.'
- 'We have staff meetings we can talk things through.'

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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