

# Unannounced Care Inspection Report 14 February 2017



## NIAMH Newhaven

**Type of Service: Domiciliary Care Agency**  
**Address: 52 Burn Road, Cookstown BT80 8DN**  
**Tel No: 02886761099**  
**Inspector: Joanne Faulkner**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of NIAMH Newhaven took place on 14 February 2017 from 10.00 to 14.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the Domiciliary Care 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 effective 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 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 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 indicated that they felt care provided to them was safe. No areas for improvement were identified during the inspection.

### **Is care effective?**

Delivery of effective care was evident on inspection. The agency responds appropriately to meet the individual needs of service users through the comprehensive assessment of need and the development of individualised care plans. The agency has in place effective 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, equality and diversity was embedded throughout staff attitudes and the provision of individualised care. It was noted from observations made and discussions with service users that staff value and respect the views of service users. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a 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 effective management and governance systems to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers operate the agency in accordance with Minimum Standards and fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. Evidence of effective and collaborative working partnerships with HSCT representatives and other external stakeholders was evident during the inspection. No areas for improvement were identified during the inspection.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with the person in charge, 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 30 July 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> NI Association for Mental Health/William Henry Murphy	<b>Registered manager:</b> Eileen O'Hagan
<b>Person in charge of the service at the time of inspection:</b> Project worker	<b>Date manager registered:</b> 9 March 2009

### 3.0 Methods/processes

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

- Discussion with the person in charge 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:

- Two 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
- Staff induction records
- Staff rota information
- Induction Policy
- Recruitment and Selection Policy
- Supervision Policy
- Performance Management Procedure
- Adult Safeguarding Policy
- Whistleblowing Policy
- Complaints Procedure
- Data Protection Policy
- Data Retention and Disposal Policy
- Confidentiality Policy
- Statement of Purpose
- Service User Guide

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

Questionnaires were distributed for completion by staff and service users during the inspection; ten staff and three service user questionnaires were returned.

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

## 4.0 The inspection

NIAMH Newhaven is a supported living type domiciliary care agency, situated close to the town centre of Cookstown. The agency offers 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 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.'

Discussion with 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 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 30 July 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 13 Sch 3 <b>Stated:</b> First time	<p>The registered person shall ensure that the records specified in schedule 3 are maintained , and that they are-</p> <ul style="list-style-type: none"> <li>(a) kept up to date , in good order and in a secure manner;</li> <li>(b) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority</li> </ul> <p>Refers to but is not limited to:</p> <p>A statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector from records viewed that the manager receives details of pre-employment checks completed prior to any staff commencing employment; it was identified that staff are required to undergo a pre-employment medical assessment.</p>	

## 4.2 Is care safe?

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

The agency's recruitment and selection policy outlines the mechanism for ensuring that required staff pre-employment checks are completed prior to commencement of employment. It was identified that a checklist detailing checks completed is retained by the agency's human resources department; prior to the inspection RQIA was provided with a copy of the checklist. The person in charge stated that confirmation is received when the process has been satisfactorily completed; they stated that staff are not provided until all checks have been completed.

The agency's induction policy and handbook detail the induction programme lasting at least three days which is in accordance with the regulations; it was noted that all staff are required to complete the organisations Induction Foundation Framework (IFF) during the initial nine months of employment. The agency retains a record of the induction provided to staff; it was noted that staff are required to complete an induction handbook during their nine month probationary period. 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 person in charge stated that staff required to be in charge in the absence of the manager complete an annual competency assessment.

The agency has a procedure for the induction of staff supplied at short notice/emergency and for verifying their identity; it was identified from discussions with the person in charge that relief staff are accessed from the organisations bank staff and that staff are not accessed from another domiciliary care agency. Staff could describe the impact of staff changes on service users and benefits of ensuring continuity of care.

Staff could describe how their induction programme had equipped them for the requirements of their job role. They stated that their induction included training, shadowing other staff members, meeting service users and becoming familiar with their individual care needs and preferred routines. It was noted from discussions with the person in charge that staff are supervised during their initial three months of employment. Staff indicated that they had the required knowledge, skills and support to carry out their roles; they described the importance of respecting the privacy, dignity and wishes of service users and the benefits of supporting service users to take positive risks.

Discussions with the person in charge, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. Staff rota information viewed reflected staffing levels as described by the person in charge and staff; the person in charge stated that staffing levels are tailored to meet the needs of service users.

The agency's supervision policy outlines the frequency and process to be followed; it was noted from documentation viewed that staff are provided with a supervision contract. The agency's learning and development policy details the procedure for staff appraisal. The agency maintains a record of staff supervision and appraisal; records viewed indicated that they are completed in accordance with the agency's policies and procedures. Staff confirmed that they received supervision and appraisal and could describe the benefits to their job roles.

The agency has an electronic system (Cascade) for recording staff training; it was noted that there is a process for highlighting when training is required to be updated. The person in charge described the process for identifying staffs individual training needs. Staff stated that they are required to complete a range of mandatory training and in addition training specific to the needs of individual service users' i.e. mental health awareness. Staff stated that training is discussed during individual supervision and appraisal meetings.

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 person in charge described the agency's response to the DHSSPS regional policy '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 policy.

The person in charge described the role and support provided from the identified safeguarding designated officer within the organisation and HSC Trust safeguarding representatives.

The agency maintains records in relation to safeguarding vulnerable adults; discussions with the person in charge and records viewed indicated that the agency has acted in accordance with their policy and procedures in managing allegations of any suspected or actual abuse.

The inspector noted that staff are provided with face to face and electronic training in relation to safeguarding vulnerable adults during their induction period and that they are required to complete a two yearly update. Staff who spoke to the inspector demonstrated that they had a good understanding of safeguarding issues and could clearly describe the procedure for reporting concerns. Staff had knowledge of the agency's whistleblowing policy and were aware of their responsibility in highlighting and raising concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety.

The agency's policy for referral, care and support planning outlines the process for assessing and reviewing risk; it details the expectation that risk assessments and management plans are completed in conjunction with service users and where appropriate their representatives. It was identified that the agency has an electronic recording system; staff stated that they are required to record daily care and support provided to service users. It was noted from records viewed and discussions with staff that risk assessments completed in conjunction with service users and where appropriate their representatives are reviewed six monthly and that service users have a six monthly review meeting involving their HSCT representative. The inspector noted that 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.

Ten staff and three service user questionnaires were returned to the inspector; responses received from both service users and staff would indicate that they are very satisfied that the care provided is safe.

## Service user comments

- ‘The staff make me feel very safe.’
- ‘You feel at home and very protected.’
- ‘The staff are great.’

## Staff comments

- ‘This is a lovely place; homely atmosphere.’
- ‘We promote independence.’
- ‘I get supervision.’
- ‘IFF is good it supports me in my role; training is ongoing and it is good.’
- ‘Service users are safe.’

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.3 Is care effective?

During the inspection the inspector reviewed that agency’s arrangements for appropriately responding to and meeting the assessed needs of service users. Information relating to the nature and range of services provided is detailed within the Statement of Purpose and Service User Guide.

The agency’s data protection policy and data retention and disposal policy outline the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

The inspector viewed a range of individual service user care records; service users could describe the methods used to support them to participate in the development of their care plans. Staff record daily the care and support provided to service users; records viewed indicated that risk assessments and care plans are reviewed and updated six monthly or as required in accordance with the agency’s policies and procedures. The person in charge stated that HSCT representatives are involved in a six monthly review process.

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

It was identified that the manager is required to complete a monthly operational report prior to the monthly quality monitoring visit by a senior manager from within the organization. Quality monitoring records viewed where noted to include the comments made by service users and where appropriate relevant representatives. In addition the records include details of the audit of complaints, accidents, incidents, safeguarding concerns; a review of staffing, records and financial management arrangements are completed.

The agency facilitates bi-monthly service user meetings; service users stated that they are encouraged to attend and to express their views and opinions. It was noted that service users are provided with details of the agency's complaints procedure and that the agency maintains a record of all compliments and complaints; service users could describe the process for making a complaint.

The agency issues questionnaires to service users and stakeholders on an annual basis to ascertain their views on the quality of the service provided; the person in charge stated that the returns are collated by the organisations quality department and a Service Improvement Plan (SIP) developed. Staff described the challenges in obtaining the views of stakeholders.

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 inspector noted that the service users had been provided with details of an independent advocate.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Service users stated that they can access support of staff at any time; discussions with service users and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users.

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

Ten staff and three service user questionnaires were returned to the inspector; responses received from both service users and staff would indicate that they are very satisfied that the care provided is effective.

### **Service users' comments**

- 'Extremely effective.'
- 'Staff are very understanding and effective.'
- 'We take turns at cooking; staff help us.'
- 'I speak to my keyworker; she is very caring.'

### **Staff comments**

- 'Service users are involved in planning their care and support.'
- 'We have an excellent team; a supportive team.'
- 'Most staff have worked here a long time.'
- 'There is good communication in the team.'

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care compassionate?

The inspector sought to assess the agency's ability to treat service users with dignity, respect and equality, and to fully involve service users meaningfully in decisions affecting their care and support.

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

Discussions with service users and staff, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect were embedded in the culture and ethos of the organisation; staff described how they strive to provide care in an individualised manner.

Staff stated that the views and choices of service users are paramount to service provision and described the support provided to service users to enable them to take positive risks and to live a more independent and meaningful life. Staff stated that they had received human rights training during their initial induction.

Service users who met with the inspector stated that they are encouraged and supported to be involved in decisions relating to the care and support they receive and in developing their individual care plans. The inspector noted that care plans were written in an individualised manner; records of service user meetings reflected the involvement of service users and detailed decisions made by service users.

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

During the inspection the inspector observed agency staff communicating with service users in a manner which took into account their individual views, choices and feelings. It was observed that service users were able to make choices regarding their daily routine and activities. Service users stated that staff respect their privacy, dignity and views; they stated that they can make their own choices. Records viewed and discussions with staff and service users indicated that service users are involved in decision making relating to a range of matters.

During the inspection the inspector viewed a range of information provided in an alternative format to assist service users in understanding of the information being communicated.

The person in charge could describe the process for liaising with the HSCT in relation to instances where there are capacity and consent issues identified.

The organisation's audit policy details the systems in place to evaluate the quality of service provided; it was noted that the processes take into account the views of service users and their representatives. The agency's monthly quality monitoring, service user meetings and satisfaction questionnaires provide evidence of consultation with service users and where appropriate relevant stakeholders.

Ten staff and three service user questionnaires were returned to the inspector; responses received from both service users and staff would indicate that they are very satisfied that the care provided is compassionate.

### Service users' comments

- 'Staff are very kind and compassionate.'
- 'I am happy here; I love it.'
- 'I get choice; I have no worries.'
- 'I can do what I want; I go out for walks.'
- 'I dispense my own medication; staff supervise me.'
- 'Staff treat you as a person, not someone with an illness.'

### Staff comments

- 'Service users have choice.'
- 'Service users can do what they want.'
- 'It is like a family here; small group of clients and we get to know them well.'

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 4.5 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. The agency has in place a comprehensive range of policies and procedures which were noted to have been reviewed and updated in accordance with the Minimum Standards, relevant legislation and guidelines. Staff could describe the process for accessing policies and procedures; it was noted that they are retained electronically.

Records viewed and discussions with the person in charge indicated that the agency's governance systems promote the identification and management of risk; these include a three yearly review of policies and procedures, monthly audit of complaints, safeguarding incidents, accidents and incidents notifiable to RQIA. The person in charge stated that the agency is required to identify any risks or restrictive practices in the monthly report for the agency and that this information is reviewed by the person completing the agency's monthly monitoring visit.

The agency's complaints policy outlines the procedure for handling complaints; it was noted from records viewed that the agency has received no complaints for the period 1 April 2015 to 31 March 2016. Discussion with staff and documentation viewed indicated that they are familiar with the process for receiving and managing complaints in accordance with their policy and procedures.

Staff could describe the importance of systems for identifying areas for improving the quality of the service, and of promoting better outcomes for service users. The agency has in place management and governance systems to drive quality improvement. It was identified that

arrangements for managing and monitoring of incidents and complaints include mechanisms for auditing, identifying trends and reducing the risk of recurrences.

The organisational and management structure of the agency outlines lines of accountability and roles and responsibilities of staff. Staff stated that they were provided with a job description during induction which outlines their roles and responsibilities. Service users were aware of staff roles and had knowledge of who to contact if they had a concern.

Staff were familiar with lines of accountability and stated that the manager is supportive and could describe the procedure for receiving support or guidance out of office hours and in the absence of the manager; they stated that their views and opinions are listened to.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are kept under review and are reflective of the services provided.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Observations made and discussion with staff indicated that there are effective collaborative working relationships with external stakeholders, including where appropriate HSCT representatives.

Ten staff and three service user questionnaires were returned to the inspector; responses received from both service users and staff would indicate that they are very satisfied that the service is well led.

### **Service user comments**

- 'Brilliantly well led; staff are very understanding.'
- 'The manager and two assistants are excellent.'
- 'The place is very well run.'

### **Staff comments**

- 'Training is good.'
- 'The manager is supportive and approachable.'
- 'I love working here.'
- 'We have reflective practice at the staff meetings.'
- 'I fell supported in my role.'
- 'I can speak to the manager at any time.'

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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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