



The Regulation and
Quality Improvement
Authority

NIAMH Newhaven
RQIA ID: 10809
52 Burn Road
Cookstown
BT80 8DN

Inspector: Michele Kelly
Inspection ID: IN023281

Tel: 02886761099
Email: newhaven@beaconwellbeing.org

**Unannounced Care Inspection
of
NIAMH Newhaven**

30 July 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 30 July 2015 from 09.00 to 14.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

The details of the QIP within this report were discussed with the assistant manager as part of the inspection process. The timescales for completion commence from the date of inspection.

The inspector would like to thank the assistant manager, agency staff and service users for their warm welcome and full cooperation throughout the inspection process.

2. Service Details

Registered Organisation/Registered Person: NI Association for Mental Health/William Henry Murphy	Registered Manager: Theresa Hill
Person in Charge of the Agency at the Time of Inspection: Assistant Manager and Support Worker	Date Manager Registered: 16 June 2015
Number of Service Users in Receipt of a Service on the Day of Inspection: Six	

NIAMH Newhaven is a supported living type domiciliary care agency, located close to Cookstown town centre. The service offers domiciliary care and housing support to adults with mental health problems in a large house, within which is the agency's office. The agency operates a key worker system for service users, who are supported to maintain their tenancy,

to develop independent living skills and to be involved in the local community. Specific services can include assistance with personal care, medication, budgeting and preparing food.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - Service users are involved in the care they receive

4. Methods/Process

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

- Discussion with the person in charge and on call assistant manager
- Examination of records
- Consultation with Staff/Relatives
- Consultation with HSC trust professional
- File audit
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were examined during the inspection:

- Minutes of staff meetings
- Three care and support plans
- HSC trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Three tenants' meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints procedure Complaints register
- Recruitment policy
- Induction records
- Staff handbook
- Supervision/ appraisal policy (September 2014)
- Agency's staff rota information
- Annual service review (March 2015)
- Whistleblowing policy (September 2014)

Staff questionnaires were completed by eleven staff members; they indicated the following:

- Service users' views are taken into account in the way the service is delivered
- Staff are satisfied that the care is delivered in a person centred manner
- Staff are satisfied that they are familiar with service users' care needs
- Staff are satisfied that there are at all times an appropriate number of suitably skilled staff
- Staff are satisfied that the agency's induction process prepared them for their role
- Staff are satisfied that arrangements for service user involvement are effective

Comments included:

- "Newhaven provides excellent facilities for tenants and staff"
- "We have a very good skill mix at present and well experienced staff to work with our service users"
- "This is a small, compact house where service users can receive regular 1-1 attention on a daily basis"

Service user questionnaires were completed by five service users; they indicated the following:

- Service users are satisfied with the care and support they receive
- Service users are satisfied that they are consulted in relation to the quality of the service
- Service users feel safe and staff respond to their needs

A comment made was: "Staff are very kind and supportive."

The inspector spoke on the telephone with one HSC trust professional who described the care provided by staff as very good and professional. The HSC trust professional also indicated that staff respond promptly to the needs of service users and refer to the trust any concerns or changes in circumstances or risks.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Last Care Inspection dated 17 November 2014

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14.(b)(d)	Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided- (b) so as to safeguard service users against abuse or neglect; (d) so as to ensure the safety and security of service users' property, including their homes;	Met

	<p>This requirement relates to the registered person ensuring that the agency's staff record their full signature on all finance documentation.</p> <p>Action taken as confirmed during the inspection: The inspector viewed evidence within service user financial documents and ledgers verifying staff recording their full signatures.</p>	
<p>Requirement 2 Ref: Regulation 14.(b)(d)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect; (d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to the registered person ensuring that a record is maintained detailing the contents of the agency's safe.</p> <p>Action taken as confirmed during the inspection: The inspector viewed a record which verified that the safe contents are checked and recorded by staff.</p>	Met
<p>Requirement 3 Ref: Regulation 23.-(1)(5)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained clearly records the views of service user representatives and relevant professionals.</p> <p>Action taken as confirmed during the inspection: The inspector viewed reports of three monthly monitoring visits. These contained the views of service users and their representatives.</p>	Met

5.2 Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users.

Is Care Safe?

The agency has a recruitment policy in place and a mechanism to ensure that appropriate pre-employment checks are completed. Following the inspection the inspector was sent the recruitment checklist used by the organisation. It was identified that an updated alphabetical index of all domiciliary care workers supplied or available for supply for the agency was maintained.

The person in charge could describe the procedure for ensuring staff are physically and mentally fit for the purposes of their work; this includes a medical prior to employment. It was identified that the registered person or manager had not completed a record to indicate physical and mental health fitness for work for existing employees. In discussions with the manager it was confirmed that future employees will have this form completed as part of the recruitment procedure.

A requirement is made in respect of this.

The agency provides staff with corporate induction; induction documentation outlines the induction programme lasting at least three days which also includes shadowing staff members in the service users' home; this was confirmed by staff who spoke to the inspector. The agency maintains a record of the induction provided to staff; it details information provided during the induction period. Staff are provided with a handbook and induction materials, and have access to the agency's policies and procedures.

The agency has a procedure for the induction of short notice/emergency staff; the person in charge stated that staff are accessed from another domiciliary care agency. The agency has a procedure for verifying the identity of all staff prior to their supply.

The agency has policies and procedures in place for staff supervision and appraisal, they outline the frequency and process to be followed. 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.

Is Care Effective?

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 rotas viewed reflected staffing levels as described by the person in charge. There is a sleep-in member of staff on duty at night. Currently the agency is staffed with two assistant managers and support workers and there is ongoing recruitment of support workers. An assistant manager on call attended on the day of inspection at the request of the inspector so that access could be gained to personnel files.

The agency's training records were viewed and provided evidence of training in the mandatory areas. Staff spoken to on the day of inspection discussed how they feel very well supported by management and indicated that training, which they said was mainly classroom based, was

very good. The agency's whistleblowing policy (September 2014) was viewed and staff who participated in the inspection indicated their awareness of the policy.

Is Care Compassionate?

The supply of staff to work with service users was discussed with the assistant manager and care staff who confirmed that all staff are very familiar with the needs of service users. The inspector spoke to two care staff who outlined strategies they employ to ensure that the service users avail of specialist support groups and maintain independence in everyday activities. Agency staff were observed responding professionally and sensitively to service users.

Relatives who contributed to the inspection commented:

- "I don't know what we would do without Newhaven"
- "Staff are doing a great job, they keep me involved"

Areas for Improvement

- The records to be maintained, up to date and available for inspection.

Number of Requirements:	1	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.3 Theme 2: Service User Involvement - Service users are involved in the care they receive.

Is Care Safe?

The needs assessments, risk assessments and care plans examined had been prepared in a person centred manner reflecting the views of service users and their relatives.

Staff could describe the benefits of positive risk taking and their role in supporting service users to live as independently and as full a life as possible.

There was evidence of positive risk taking in collaboration with a service user and their representative in respect of acquiring the ability to self-medicate.

Is Care Effective?

The records of three service user meetings were reviewed. These reflected participation of service users in issues including household tasks and decoration, activities and trips. Discussions in relation to staffing were also evident in the minutes of tenants meetings and there was also information given in relation to making a complaint. Service users who met with the inspector indicated they were very happy and love getting out and about. They also confirmed they were aware of the complaints policy and that their views are sought regularly by staff.

Is Care Compassionate?

The inspector was advised that service users are encouraged to structure their daily activities in accordance with their preferences. Staff who spoke with the inspector explained how they adopted individual approaches to each service user depending on their mood and choice.

The inspector spoke to three service users who said they were happy living in Newhaven. Comments included:

- “I am glad I have a roof over my head”
- “Staff don’t put you under pressure”
- “The atmosphere is relaxed”

The staff of Newhaven publish a newsletter to record activities and inform service users and representatives of ongoing matters. Service users are also encouraged to participate in Beacon Voice which allows service users to share views, experiences and opinions in order to influence the delivery of services.

Areas for Improvement

There were no areas for improvement within this inspection theme

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.4 Additional Areas Examined

5.4.1 Complaints

The agency returned to RQIA a summary of all complaints received between 1 January 2014 and 31 March 2015. There were no complaints received during this period.

5.4.2 Incidents

The inspector discussed two medication issues which were reported as incidents since the last inspection. The registered manager discussed the procedures followed after such incidents and showed evidence of staff retraining and assessment after errors had been reported.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the assistant manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any

future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 13
Sch 3

Stated: First time

To be Completed by:
7 October 2015

The registered person shall ensure that the records specified in schedule 3 are maintained , and that they are-

- (a) kept up to date , in good order and in a secure manner;
- (b) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority

Refers to but is not limited to:

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.

Response by Registered Person(s) Detailing the Actions Taken:

Beacon have robust Recruitment and Selection procedures to ensure that all new employees are fit to carry out the tasks of the post that they are commencing and that they should be fit to provide regular, reliable and sustained service in the future. Pre-employment health assessments are outsourced by Niamh to Independent Occupational Health who provide a medical report, which details whether or not candidates are fit for the work that they will be required to perform. Candidates who are deemed 'unfit' to carry out the tasks of the post by Occupational Health will not commence employment. Additionally all potential employees from July 2015 are required to complete a pre-employment medical declaration.

Registered Managers and the Responsible Person are aware of the stringent Recruitment and Selection checks that are undertaken before commencement of employment and will have been notified by Niamh HR Dept. that a candidate is available to commence in the role when these are complete.

Records of all pre-employment checks are held by the Niamh HR Dept. and are available to RQIA on request.

Registered Manager Completing QIP	THERESA HILL	Date Completed	17.9.15
Registered Person Approving QIP	Billy Murphy	Date Approved	18/09/2015
RQIA Inspector Assessing Response	Michele Kelly	Date Approved	23/09/2015

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address