

# Unannounced Care Inspection Report

## 25 September 2017



## NIAMH Shiels Court

**Type of Service: Domiciliary Care Agency**  
**Address: 39 - 41 Shiels Court, Ballymoney, BT53 6JT**  
**Tel No: 02827668975**  
**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

Shiels Court is a supported living type domiciliary care agency, located in Ballymoney. The agency offers domiciliary care and housing support to service 11 users with enduring mental health needs in a number of properties situated in close proximity to the agency's office. 12 staff are available to support tenants 24 hours per day and each service user has an identified 'key worker'. 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.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Inspire Wellbeing  <b>Responsible Individual:</b> Mr William Henry Murphy	<b>Registered Manager:</b> Mrs Siobhan McCartney
<b>Person in charge at the time of inspection:</b> Mrs Siobhan McCartney	<b>Date manager registered:</b> 1 February 2012

### 4.0 Inspection summary

An unannounced inspection took place on 25 September 2017 from 09.30 to 13.30.

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 Siobhan Mc Cartney, registered manager, as part of the inspection process and can be found in the main body of the report.

### 4.2 Action/enforcement taken following the most recent care inspection dated 12 September 2016

No further actions were required to be taken following the most recent inspection on 12 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 and quality improvement plan (QIP).
- 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 with one service user
- 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*
  - Keeping adults safe*
  - Health and safety*
  - Lone working*
  - Quality and governance*
- records relating to staff supervision
- complaints records
- staff rota information
- Safeguarding Policy (2017)
- complaints procedures
- Statement of Purpose (2017)
- Service User Guide (2017)

During the inspection the inspector met with one service the registered manager and one project worker. 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 10 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. Five staff questionnaires were returned to RQIA. The inspector also asked the acting manager to distribute ten questionnaires to tenant's. Eight questionnaires were returned. Further detail of feedback is included throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 12 September 2016

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 12 September 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with Domiciliary Care Agencies Regulations (Northern Ireland) 2007.		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14.(c)(e)  <b>Stated:</b> First time	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- (c)so as to promote the independence of service users; (e)in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them. This requirement relates to the registered person ensuring that service users are supported to make arrangements to securely store and receive their medication within their individual homes.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Arrangements have been put in place to securely store medication in individual rooms by involving and receiving approval firstly, from the service users through individual meetings. Storage facilities have been installed and agreed actions have been transferred to support and safety management plans.	

### 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 organisations 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; from records viewed and discussions with staff and the manager 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.

It is an expectation 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.

It was identified that relief staff are currently accessed from any other registered domiciliary care agencies. The inspector noted the records in place were compliant. 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 and that the same staff are used to ensure continuity of care.

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 examined denoted the person in charge on each shift. The inspector examined rota information for weeks ending: 24/9/17, 1/10/17 and 8/10/17.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. From documentation viewed 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.

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. It was noted that 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. It was noted that the organisation 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. It was noted that 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 was noted to be 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 it was noted that 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.

It was noted that 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. Staff stated 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 noted some of the comments made by service users during their annual reviews:

- “I’m happy with the care I receive.”
- “I’m happy with the staff support.”
- “I am supported well by staff.”
- “I get on well with my housemates.”
- “I am more comfortable.”

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 (2017).

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

- “I feel very safe and secure here.”
- “Staff do help me with my safety and any concerns I may have.”

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

- “Shadowing is an important part of the induction process.”
- “Supervision is regular.”
- “Staff communicate well with each other.”
- “Daily handovers are comprehensive.”

Eight 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:**

“Our staff are very expert in sympathising with all the concerns of vulnerable sufferers of mental illness.”

Five 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.



**Questionnaire comments:**

- “I find there’s a lot of training which is very beneficial.”
- “Supervision is very useful and productive in discussing issues/concerns.”

**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. 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 noted to be 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; it was noted that 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**

- "Staff are very good and helpful."
- "I like it here."
- "I'm happy here with the support I receive."

**Staff Comments**

- "My induction was very positive."
- "Good atmosphere at present."

**Relative's comments**

- "\*\*\*\* Is very happy and well settled."
- "I'm happy when \*\*\*\* is contented."
- "I have no concerns."

**HSC Trust representatives' comments**

- "Staff handle behaviours very well."

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.

The agency facilitates monthly service user meetings in each of the service users' homes; the one service users 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 were noted to include the views of service users. The inspector noted some of the areas discussed during meetings:

- staffing
- RQIA
- care and support plans
- activities
- data protection
- complaints /concerns

Monthly staff meetings are facilitated; it was noted that 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:

- good practice
- NISCC
- RQIA
- complaints
- medication
- tenant updates

- training
- key working
- staffing

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

- “Staff are helpful and supportive.”
- “Staff helped me settle in to my place.”

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

- “Induction is excellent.”
- “Staff training is very helpful.”
- “Some training is specific to individual service users.”

Eight 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.

#### **Questionnaire comments:**

“The staff are exemplary practitioners of care within the mental health system.”

Five 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.

#### **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.

Staff endeavour to provide care in an individualised manner and strive to ensure that service users are encouraged and supported to make informed choices. The agency has a range of information available in an alternative format to support service users if required. Records of service user meetings reflected the involvement of service users and contained comments/suggestions made by service users.

Comments made by service users where appropriate and that 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 were 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.

The inspector reviewed the positive feedback received from the annual customer satisfaction survey completed by the agency and 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.

No individual comments were made by service users, however return rates were high and percentages were positive.

**Service user comments during inspection:**

- “I get great support here.”
- “Staff listen to me and have helped me cope with some issues I have had.”
- “This is my home now and staff have made it home for me.”

Eight returned questionnaires from service users/relatives 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 have experience of homelessness and of all the places I have been this is the best by far”.
- “The staff are dedicated, professional and tactful and I am hugely grateful for the respect they show to me.”

Five 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.

**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.

It was noted that 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 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. 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 would evidence that 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 and a HSC Trust representative 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.

**Staff comments during inspection:**

- “The managers are approachable at any time.”
- “We have a great staff team.”

Eight 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.

**Questionnaire comments:**

- “They are all professional staff.”
- “With the service they provide our staff deserve a medal.”
- “The manager ensures that the scheme staff are fit for their roles.”
- “The manager has a heart of gold.”

Five 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.

**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 and incidents and 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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