

Unannounced Care Inspection Report 12 September 2016



NIAMH Shiels Court

Type of service: Domiciliary Care Agency

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Inspector: Joanne Faulkner

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of NIAMH Shiels Court took place on 12 September 2016 from 10.30 to 16.30.

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 effective 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. One area for improvement was 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 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 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 2011.

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Siobhan McCartney, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 27 July 2015.

2.0 Service details

Registered organisation/registered person: NI Association for Mental Health/William Henry Murphy	Registered manager: Siobhan McCartney
Person in charge of the service at the time of inspection: Siobhan McCartney	Date manager registered: 1 February 2012

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
- 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 Policy, December 2014
- Data Protection Policy, February 2016
- Management of Records Policy, January 2016
- Data Retention and Disposal Policy, August 2015
- Confidentiality Policy, March 2016
- Statement of Purpose, September 2016
- Service User Guide, September 2016

During the inspection the inspector met with six service users, the registered manager and two staff members.

Questionnaires were provided for completion by staff and service users following the inspection; four staff and 10 service user questionnaires were 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 Shiels Court is a supported living type domiciliary care agency, located close to Ballymoney town centre. The agency offers domiciliary care and housing support to service users with enduring mental health needs in a number of properties situated in close proximity to the agency's office. 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.

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 27 July 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 13 Sch 3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the records specified in schedule 3 are maintained , and that they are-</p> <p>(a) kept up to date , in good order and in a secure manner;</p> <p>(b) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority</p> <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>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>The inspector noted that a record is maintained of pre-employment checks completed for staff prior to commencement of employment. It was noted that the registered manager receives notification when required checks have been satisfactorily completed.</p>	
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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 mechanisms for ensuring that required pre-employment checks are completed prior to staff commencing employment. The inspector noted that a record of 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 manager stated that they receive notification when the process has been satisfactorily completed and provided assurances stated that staff are not provided until all necessary checks and induction training have been completed.

The agency's induction procedure and induction handbook outline the induction programme lasting at least three days which is in accordance with the regulations. From discussions with staff and documentation viewed the inspector noted that staff are required to complete the organisations full induction during the initial nine month probationary period. Records 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 an observed practice checklist is completed annually. Staff could describe the detail of the induction provided and felt that it prepared them for the requirements of their individual job roles.

Discussions with staff indicated that the induction programme included relevant mandatory training, shadowing other staff members for a period of time determined by the manager, 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 carry out the requirements of their job. Staff could identify the need to respect the privacy, dignity and choices of service users.

It was identified from discussions with the registered manager that additional staff are accessed from the organisations team of relief staff and are required to complete a full induction. Staff could describe the impact of frequent staff changes on service users and the benefits for ensuring 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 and clearly identifies the person in charge of individual shifts.

The agency's supervision policy outlines the frequency and processes to be followed; it was noted from records viewed that staff are provided with a supervision contract and that the agency maintains a supervision log. 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 worthwhile and supports them in their role.

It was noted that the agency's electronic system for recording staff training (Cascade) details 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 manager stated that the organisation has recently reviewed and updated their policy and procedures to reflect information contained within the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The manager described the 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 relating to allegations of any suspected or actual abuse. Information provided to the inspector by a service user in relation to care received in their previous home was discussed with the registered manager and evidence and assurances provided that the matter had been investigated.

It was identified from discussions with staff and from training records viewed that staff receive face to face training during their induction period in relation to safeguarding vulnerable adults; it was noted that staff receive a training update three yearly. Staff who spoke to an inspector demonstrated that they had a clear understanding of safeguarding information and could describe types of abuse, possible indicators and the procedure for reporting concerns. Staff were aware of their responsibility in highlighting and raising concerns identified and had knowledge of the agency's whistleblowing policy.

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 that a comprehensive range of risk assessments have been completed in conjunction with service users and where appropriate their representatives and are reviewed six monthly or as required.

The agency's registered premises are located in a building adjacent to the service users' homes; the premises include a range of facilities which are suitable for the operation of the agency as described in the Statement of Purpose.

Responses from questionnaires returned to RQIA indicated that both staff and service users are satisfied that care provided by the agency is safe.

Service user comments

- 'This is a great place.'
- 'I am happy with everything.'
- 'Staff are good.'
- 'My care is safe and I am very happy.'
- 'The staff go the extra mile.'

Staff comments

- 'Service users are safe.'
- 'I get monthly supervision; it is worthwhile we need it.'
- 'The training is really good; the manager discusses it at supervision.'
- 'I got a good induction and shadowed other staff for a while.'
- 'The job can be challenging as some service users have complex needs.'

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 (SOP) and Service User Guide. The inspector noted that the SOP made reference to residents; the manager provided documentation that detailed that service users had requested that they be referred to as residents.

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 described the challenges encountered whilst trying to engage service users in the development of their care plans. 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 arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users.

It was noted that the agency receives a monthly quality monitoring visit by a senior manager within the organization; records maintained were viewed by the inspector and were noted to include 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 an action plan with timescales is developed.

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

It was noted that the agency issues questionnaires to service users and stakeholders to ascertain their views on the quality of the service provided.

The agency provides service users with human rights information issued by the Ministry of Justice and information relating to the procedure for accessing an independent advocate.

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 and that service users are aware of the process for accessing staff. The agency facilitates regular service user 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 described instances of ongoing liaison in order to achieve better outcomes for service users.

Responses from questionnaires returned to RQIA indicated that both staff and service users are satisfied that care provided by the agency is effective.

Service users' comments

- 'Staff help me.'
- 'I like living here.'
- 'The care is effective for my needs.'
- 'It helps me overcome obstacles.'

Staff comments

- ‘Service users’ have choice and are safe.’
- ‘We have ongoing contact with the HSCT staff.’
- ‘Some service users are very independent and do not need a lot of help.’

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.

Staff could describe the importance of ensuring confidentiality at all times and indicated that they had knowledge of the agency’s confidentiality procedure.

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 in a range of areas.

However, it was identified by the inspector that service users had not been supported to securely store their medication in their individual homes and that medication was currently stored and administered in the agency’s office. The inspector discussed with the manager the need to review this arrangement and the rationale of supporting service users to receive and safely and securely store their medications within their own homes. A requirement has been made in relation to this matter.

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.

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 they can make their own decisions and that agency staff respect their privacy and dignity. Records viewed indicated that service users and where appropriate their representatives are involved in decision making relating to the care they receive.

Care plans were written in an individualised manner and service users confirmed that they are involved in decisions relating to the care they receive. Records of tenant 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.

The inspector identified 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 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.

Responses from questionnaires returned to RQIA indicated that both staff and service users are satisfied that care provided by the agency is compassionate.

Service users' comments

- 'I can do what I want.'
- 'Staff help me make my food.'
- 'I can go out when I want.'
- 'I go to the house meetings.'
- 'This place is great.'
- 'This is the best place I have ever been.'
- 'I feel my care is compassionate.'
- 'No one ever shouts or mistreats you.'
- 'The staff are caring.'
- 'Staff show empathy and have concern if I am feeling not well.'

Staff comments

- 'I love it here; I enjoy my job.'
- 'Service users attend house meetings; they can express their views.'
- 'We meet with the service users about their care plan and complete an assessment of their strengths.'
- 'Some service users engage more than others.'
- 'Communication is really good.'

Areas for improvement

One area for improvement was identified during the inspection in relation to the administration and storage of medication.

Number of requirements:	1	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 could describe the process for accessing the agency's policies and procedures.

Discussions with the manager and documentation 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 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.

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. Staff stated that they are provided with a job description outlining their individual roles 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. It was identified that the agency's Statement of Purpose and Service User Guide are kept under review.

On the date of inspection the certificate of registration from RQIA was displayed appropriately and accurately reflected the service provided.

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 service users. The inspector discussed with the manager the benefits of engaging with the HSCT in relation to issues relating to the behaviours one service user and the impact on other service users living in the same accommodation; following the inspection the inspector was provided with assurances that a process for reassessment had commenced.

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.

Responses from questionnaires returned to RQIA indicated that both staff and service users are satisfied that the service is well led.

Service user comments

- 'The staff are great.'
- 'I can speak to the manager or staff at any time.'
- 'The service is led brilliantly.'

Staff comments

- 'Senior staff are invaluable in supporting the manager.'
- 'We support each other.'
- 'We are consistent as a staff team.'
- 'We have a monthly staff meeting; it is very good.'
- 'Good staff team; the manager is 100% approachable.'

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Siobhan McCartney, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the domiciliary care agency. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 14.(c)(e)

Stated: First time

To be completed by: 12 March 2017

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; and

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.

Response by registered provider detailing the actions taken:

Arrangements will be put in place to securely store medication in individual rooms by involving and receiving approval firstly from the residents through individual meetings.

Discussions with key workers/Consultants in the Trust will be scheduled for their agreement and if agreed, storage facilities will be installed and agreed actions will be transferred to Support and safety management plans.

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



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