



The Regulation and
Quality Improvement
Authority

Inspector: Michele Kelly
Inspection ID: IN023282

NIAMH Shiels Court
RQIA ID: 10837
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**Unannounced Care Inspection
of
NIAMH Shiels Court**

27 July 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 27 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 Siobhan Herbison, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: NI Association for Mental Health/William Henry Murphy	Registered Manager: Siobhan Herbison
Person in Charge of the Agency at the Time of Inspection: Siobhan Herbison	Date Manager Registered: 1 February 2012
Number of Service Users in Receipt of a Service on the Day of Inspection: 11	

NIAMH Shields Court is a supported living type domiciliary care agency, located close to Ballymoney town centre. The service offers domiciliary care and housing support to adults with mental health problems in a number of properties situated in close proximity to 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,

shopping, cleaning, laundry and attending social activities, dependent upon individual service users' needs, interests and wishes.

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
- Examination of records
- Consultation with Staff/Relatives
- File audit
- Evaluation and feedback

During the inspection the inspector met with five service users and four care staff. The inspector spoke to the relative of two service users by telephone following the inspection.

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 viewed during the inspection:

- 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)
- Staff register/ information
- Agency's staff rota information

- Annual service review (March 2015)
- Whistleblowing policy (September 2014)

Staff questionnaires were completed by five 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:

- "User involvement may reflect the service users' level of motivation and capabilities"
- "Very caring stable environment"

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

- Six out of seven service users are satisfied with the care and support they receive
- Six out of seven service users are satisfied that they are consulted in relation to the quality of the service
- Six out of seven service users feel safe and staff respond to their needs
- One service user indicated that they needed more staff

The inspector would like to thank the staff services users and relatives for their warm welcome and co-operation during the inspection.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 9 December 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 23 (1) (5)</p>	<p>(1)The registered person shall establish and maintain a system for evaluating the quality of the 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> <ul style="list-style-type: none"> The registered person must ensure that a system for evaluating the quality of services is maintained and includes consultation with service users and their representatives. <p>Action taken as confirmed during the inspection: Inspector confirmed that regular monthly monitoring reports are compiled following monitoring visits. The inspector also viewed an annual service review (March 2015) which contained stakeholder and service users' views.</p>	Met
Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 8.11</p>	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of the service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>This refers to ascertaining the views of representatives, and professionals, in monitoring reports on a monthly basis.</p> <p>Action taken as confirmed during the inspection: The inspector viewed five monthly monitoring reports and evidence of consultation with service users and their representatives was available within these reports.</p>	Met

5.3 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. 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 in two files examined that the registered person or manager had not completed a record to indicate physical and mental health fitness for work for these 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' homes; 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 inspector spoke to an agency member of staff who works regularly in the scheme. This person had a clear understanding of the concept of supported living and said they were well inducted and supported by the permanent staff of Shiels Court.

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. The agency has a process in place to ensure that staff provided at short notice have the knowledge, skills and training to carry out the requirements of the job role.

The inspector viewed the agency's staff rota for the forthcoming days and noted that staff were allocated to shifts as required. At night there is a sleep in member of staff and there is a 24 hour on call rota for senior support workers. The registered manager discussed how there is a procedure to increase night cover if there is an indication of need for more staff.

The agency's whistleblowing policy (September 2014) was viewed and staff who participated in the inspection indicated their awareness of the policy. One member of staff outlined how they had used the procedure and confirmed that the organisation had been supportive.

Is Care Compassionate?

Service users advised the inspector that there are adequate numbers of staff to meet the needs of service users. Staff were observed responding professionally and sensitively to service users. The inspector viewed a record of a staff meeting where there had been extensive discussion around meeting the needs of a person whose behaviour was challenging. It was noted that staff had been advised by a Health and Safety Officer within the organisation and an HSC trust professional to ensure this service user's needs were met.

A relative who contributed to the inspection commented: "X is very happy and has come a long way since going to live in Shiels Court; it is like a family."

Another relative expressed some concern about electricity charges within the scheme. This matter was discussed subsequent to the inspection with the assistant manager, who outlined strategies adopted by NIAMH and the landlord to address this issue. The inspector was satisfied that the agency had responded appropriately to the concern.

Areas for Improvement

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

Number of Requirements:	1	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - Service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments viewed reflected the involvement of service users and where appropriate their representatives. Service users indicated that they are involved in the completion of their care plans and that their views and wishes are reflected.

It was noted from records viewed that the agency received a range of multidisciplinary assessments prior to the service user accepting a tenancy.

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 the service user and their representative.

Is Care Effective?

The records of three service user meetings were reviewed. These reflected participation of service users in issues including household tasks, activities and trips. 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.

Service user plans are written in a person centred manner and reflect the preferences and needs of the service users.

Is Care Compassionate?

Promotion of values such as dignity, choice and respect were evident through discussion with staff, service users, and their representatives. Staff discussed examples of responding to service users' preferences. On the day of inspection the inspector noticed that a service user required some support to improve presentation. This matter was discussed with the registered manager who outlined the measures adopted to ensure proper hygiene whilst endeavouring to encourage independence and choice.

Areas for Improvement

There were no areas for improvement within this inspection theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 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.

5.5.2 Incidents

The inspector discussed four 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 Siobhan Herbison, registered 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:
5 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	Siobhan Herbison	Date Completed	17/09/2015
Registered Person Approving QIP	Billy Murphy	Date Approved	17/09/2015
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