

Unannounced Care Inspection Report 21 August 2017



Manor Healthcare

Type of Service: Domiciliary Care Agency
Address: 36 Doagh Road, Ballyclare, BT39 9BG
Tel No: 02893341472
Inspector: Jim McBride
User Consultation officer: Clair McConnell (UCO)

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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

Manor Healthcare is a supported living type domiciliary care agency; the agency offers domiciliary care and housing support to service users with a learning disability. The agency's registered office is located at Doagh Road, Ballyclare.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting independence and maximising quality of life.

3.0 Service details

Organisation/Registered Provider: Manor Healthcare Eoghain King	Registered Manager: Brian Campbell
Person in charge at the time of inspection: Eoghain King	Date manager registered: 19/03/2009

4.0 Inspection summary

An unannounced inspection took place on 21 August 2017 from 09:00 to 13:00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- staff training
- staff recruitment
- quality monitoring

A number of areas were identified for improvement and development. These included updating the agency's adult safeguarding policy and procedure in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership').

The agency must identify and outline the role of an adult safeguarding champion.

The registered person must show that arrangements are in place in relation to the payment of utilities by service users.

The current service users' guide requires updating to include the availability/information of independent advocacy services for service users.

The registered person should review the arrangements that are in place in relation to food and menu planning and choice for service users.

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
Total number of areas for improvement	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Mr Eoghain King, Responsible person, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 8 June 2016

Following the most recent inspection on 8 June 2016 one area for improvement detailed in the quality improvement plan (QIP) has been restated.

5.0 How we inspect

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

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

- discussion with the responsible person
- examination of records
- user consultation officer report
- evaluation and feedback

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)
- any correspondence received by RQIA since the previous inspection

During the inspection the inspector spoke with the responsible person regarding the care and support provided by the agency, staff training and staff's general knowledge in respect of the agency. The inspector would like to thank the agency staff for their warm welcome and full co-operation throughout the inspection process.

Following the care inspection on the 21 August 2017, the user consultation officer visited service users in their own homes on the 24 August 2017 and has produced a report of discussions with both service users and staff. This report has been included within the body of this report.

The user consultation officer would like to thank the service users for their warm welcome at their homes.

Staff were 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. The inspector also asked staff to distribute six questionnaires to tenant's and or their representatives. Four staff and one service user questionnaires were returned. The returned questionnaires highlighted good satisfaction levels and comments included:

Staff comments:

“Our four service users receive excellent care.”

The following records were examined during the inspection:

- monthly quality monitoring reports
- care and support plans
- staff meeting minutes
- staff training records including:
 - safeguarding
 - respect
 - handling service users monies
 - learning disability and autism
 - epilepsy
- complaints records
- records relating to adult safeguarding
- staff rota information
- service users guide
- statement of purpose
- individual care task analysis

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 June 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 8 June 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with regulation 14. (c) & (d)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 14(c)</p> <p>Stated: Second time</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>(c) so as to promote the independence of service users;</p> <p>This requirement relates to the registered person ensuring that arrangements are in place in relation to the payment of utilities is reviewed and are in accordance with the ethos of a supported living service where individuals receive support to experience control, choices and independence in all aspects of their daily living.</p>	<p>Partially met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector noted and was informed by the responsible person that ongoing meetings have been held with the local HSC trust and that the matter has yet to be fully resolved. This area for improvement has been restated.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 14(d)</p> <p>Stated: Second time</p> <p>To be completed by: 8 October 2016</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>(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 individual service users' care agreements detail the amount of care service users receive for payments they were making.</p>	<p>Met</p>

	<p>Response by registered person detailing the actions taken:</p> <p>The inspector noted that care agreements have been updated, showing clear task analysis of all care tasks undertaken by the agency for each individual service user. The records in place were satisfactory.</p>	
Action required to ensure compliance with standards 8.11		
<p>Area for improvement 1</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p>	<p>The registered person should ensure that the agency's monthly quality monitoring report includes the views of service user representatives where appropriate.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector noted a number of monthly quality monitoring visit records in place that meet the standard.</p>	

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 inspector reviewed the agency's processes in place to avoid and prevent harm to service users; this included a review of staffing arrangements in place within the agency.

The UCO was informed by the staff interviewed that there is consistent staffing at Manor Healthcare; most have worked with the service users for a number of years. Staff demonstrated they were knowledgeable as to the types of activities each service user likes to do, and to the level of support required to ensure their safety.

Due to the complex needs of the service users who live at Manor Healthcare; only one service user was able to meet with the UCO and pointed to the staff when asked who he would speak with if anything is concerning.

Examples of some of the comments made by the staff interviewed are listed below:

- "XXX and XXX have challenging behaviours but we have completed 'Respect' training so we know how to handle it."
- "I got to spend time with XXX before they came here which was good."
- "No issues with staffing."

The inspector examined a number of individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed. Records viewed by the inspector indicated that there are effective recruitment systems in place to ensure that staff are not provided for work until required checks have been satisfactorily completed.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The agency has not developed a revised policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'); an area for improvement has been stated. The responsible person was knowledgeable regarding his and staffs role and responsibilities with regard to safeguarding. The identification and role of the adult safeguarding champion (ASC) has not been detailed within the current policy. An area for improvement has been stated for review.

Staff training records viewed for 2016-17 confirmed all staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas.

Records of supervision and appraisal were examined. Records in place confirmed supervision and appraisal has taken place with staff.

The responsible person confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. This was confirmed by records examined.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment, training and supervision.

Areas for improvement

One area for improvement was identified during the inspection pertaining to procedural updates in compliance with safeguarding regional procedures.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

The UCO was advised that the majority of the staff have worked at Manor Healthcare for a number of years. It was clear from discussions and through observations that the carers have good knowledge of the service users' needs and preferences. The UCO also noted that staff had a good understanding of the service users' communication; both in terms of their verbal

communication and non-verbal such as hand gestures. No concerns were noted by the UCO during the interactions between service users and staff.

Staff advised that activities are planned daily for each service user; however it is flexible depending on the wishes of the service user. Each service user has an identified key worker who assists them as necessary with their activities. On the day of the inspection one service user was being assisted by staff to go to the hairdressers and shopping.

Staff confirmed that review meetings take place to discuss the service user's care plan and the service user is given the opportunity to attend the meeting or discuss any issues prior to the meeting with management.

The staff interviewed by the UCO also confirmed that appraisals take place with management. Supervisions and team meetings take place on an ad hoc basis to discuss any concerns or changes in care needs for the service users. They also confirmed that they felt supported by management and could raise any concerns with them.

Staff informed the UCO that meals are determined by a set menu. An area for improvement has been identified in relation to choice of food and menus.

Examples of some of the comments made by the staff interviewed are listed below:

- "I have worked with XXX for years; I know what his gestures mean and when he is happy."
- "There is a rough plan for each day but it's very flexible."
- "I feel that we get good support from management."

Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide. However, the service user information pertaining to independent advocacy services should be provided to service users. An area for improvement has been identified in relation to this area.

The agency has developed and maintained a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by an independent monitoring individual. The quality monitoring system provides an effective standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users and HSC Trust professionals.

The agency had requested the views of service users/relatives on the quality of services being provided during 2016 via their annual satisfaction survey. Feedback had been obtained and collated into a quality report.

The inspector noted some of the areas the service users had the opportunity to comment on:

- Please share any comments you may have as to how we deliver our service.
- Please list any suggestions you might have as to how we deliver our service.
- Please tell us of any concerns or complaints that you might have in relation to the care offered.

The inspector noted some of the comments received from relatives/service users:

- “The quality of the service for my brother xxxxx is of the highest standard.”
- “The staff are very professional and caring.”
- “I could not fault anything.”
- “The staff the accommodation and the level of support my brother receives is excellent.”
- “I have no suggestions as I don’t see how it could be improved. The service is excellent’
- “No complaints.”
- “The excellent standard of care and support continues at xxxxxx. Staff are fully committed and often go the extra mile to provide care and support. We have benefited this year from the staff supporting xxxxxx during an admission to hospital and would encourage you to maintain this support. Our thanks and appreciation goes to xxx, xxx and all the staff at Broadacres.”
- “No complaints.”

The agency facilitates staff meetings. The inspector noted some of the areas for discussion during meetings:

- shift patterns
- rights and choices
- professionalism
- staff routines
- service user needs
- NISCC
- respect
- monitoring of quality
- challenging behaviour training

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.

Areas for improvement

Service users must, where appropriate, be made aware of the role of independent advocacy services and be assisted to access the support they need to articulate their concerns and successfully navigate the system. Staff informed the UCO that meals are determined by a set menu chosen by service users. The agency should review this system and ensure service users have other individual choices.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

The UCO was informed by the service user and staff interviewed, as well as by photographs and notice boards, the type of activities that the service users like to do with the support of staff:

- shopping i.e. Christmas presents for their families and food for the house
- swimming
- library
- hairdressers
- listening to music
- puzzles
- outings by train
- fishing trips
- daily activities such as cutting the lawn, cooking and washing dishes
- coffee shops or pubs

Examples of some of the comments made by the staff interviewed are listed below:

- "xxx is really looking to his holiday in Newcastle."
- "We have a rough idea for each day but it's flexible as to what they want to do."
- "We provide whatever support is necessary for the service users."

Service user records viewed included referral information received from the appropriate referring professionals and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments as necessary.

The reviews completed by the agency annually with the HSC trust were not available during inspection, however, details of planned reviews were noted following the inspection by the (UCO) and the records in place were satisfactory.

The agency maintains recording sheets in each service users' home file on which support staff record their visits. The inspector reviewed completed records during inspection and found good standards of recording.

Areas of good practice

There were examples of good practice found during the inspection in relation to support provided by staff and communication between service users, agency staff and other key stakeholders.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The UCO spoke with six members of staff who confirmed that they felt that they received appropriate support from management and that they could approach management if necessary. Team meetings, appraisals and supervisions are taking place to discuss the ongoing needs of the service users.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager, Mr Brian Campbell, and a number of support staff, the agency provides domiciliary care/supported living for a number of adults in their own homes.

The agency's complaints policy outlines the process for managing complaints; discussions with the responsible person indicated that staff had a clear understanding of the actions to be taken in the event of a complaint being received, as comprehensive training had been provided. It was identified from discussion with the responsible person and records viewed that the agency has received one complaint since the previous inspection; this were dealt with effectively by the agency and to the satisfaction of the complainant. It was noted that complaints are audited on a monthly basis.

Discussion with the responsible person confirmed that systems were in place to ensure that notifiable events were investigated; a number of incidents examined had been reported to RQIA and other relevant bodies' appropriately this was confirmed by records in place.

The inspector reviewed the monthly monitoring reports for April, May and June 2017. Monthly quality monitoring was found to be in accordance with minimum standards with input from service users, relatives, staff members and the HSC Trust.

The inspector was informed by the responsible person that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that staff required to are registered with The Northern Ireland Social Care Council (NISCC). Procedures were also discussed to ensure staff renewing registration is kept under review.

The inspector viewed information that indicated that the agency has in place management and governance systems to drive quality improvement; these include arrangements for monitoring incidents, accidents and complaints. Throughout the inspection process the inspector viewed evidence of appropriate staff recruitment, induction, training, supervision and appraisal. The responsible person could describe the benefits of reviewing the quality of the services provided and of identifying examples of good practice and areas for improvement.

The inspector noted that the agency has been working with the HSC trust to clarify and verify the arrangements in place for service users' costs in relation to utilities. The responsible person stated that these discussions have been ongoing with the HSC trust. Evidence of recent meetings verified this. The agency and HSC Trust progress in relation to this area has been taking some time. The agency should assess the potential for service users who may need to be reimbursed for any utilities used by the agency.

A number of areas for improvement were discussed with the responsible person.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monthly monitoring processes and maintaining good working relationships with all key stakeholders.

Areas for improvement

This area of improvement relates to the registered person ensuring that arrangements are in place in relation to the payment of utilities are reviewed and are in accordance with the ethos of a supported living service where individuals receive support to experience control, choices and independence in all aspects of their daily living.

	Regulations	Standards
Total number of areas for improvement	3	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Eoghain King, responsible person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (c)</p> <p>Stated: Third time</p> <p>To be completed by: 20 December 2017.</p>	<p>14: 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;</p> <p>This area of improvement relates to the registered person ensuring that arrangements are in place in relation to the payment of utilities are reviewed and are in accordance with the ethos of a supported living service where individuals receive support to experience control, choices and independence in all aspects of their daily living.</p>
	<p>Response by registered person detailing the actions taken: The payment of utilities has been reviewed with the referring Trust. This review ensures that arrangements are in place in relation to the payment of utilities, ensuring that the domiciliary care service users receive support to experience control (in keeping with their capacity to understand) choices and independence in all aspects of daily living.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 15 (6) (d)</p> <p>Stated: First time</p> <p>To be completed by: 20 December 2017.</p>	<p>The registered person shall further develop the procedure to be followed where an agency acts as agent for, or receives money from, a service user. This refers to the charges made from personal income. In relation to the following costs:</p> <ul style="list-style-type: none"> • Utilities bills <p>The service user's individual financial agreements must be developed to reflect any payments made by them for utilities costs and any reimbursements received.</p> <p>This requirement is in relation to the agency's arrangements for documenting in detail the nature of all charges made to service users.</p>
	<p>Response by registered person detailing the actions taken: The service users individual financial agreements have been developed to reflect payments made by them for utility costs. This review of utility costs, documents in detail, the nature of all charges made to service users.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 15 (7)</p> <p>Stated: First time</p> <p>To be completed by: 20 December 2017.</p>	<p>Service users must, where appropriate, be made aware of the role of independent advocacy services and be assisted to access the support they need to articulate their concerns and successfully navigate the system. This area for improvement relates to information pertaining to independent advocacy services for service users.</p> <p>Response by registered person detailing the actions taken: The service users would not have the understanding or capacity to access independent advocacy services. However, relatives of service users will be notified of the role of advocacy and how to access such services.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.1</p> <p>Stated: First time</p> <p>To be completed by: 20 December 2017.</p>	<p>The procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance 'Adult Safeguarding Prevention and Protection in Partnership', 2015. Regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.</p> <p>This area for improvement relates to the agency's 'Safeguarding' policy and procedure which should identify and detail the role and responsibilities of the safeguarding champion.</p> <p>Response by registered person detailing the actions taken: It is the role of the agencies safeguarding champion to process and act on all safeguarding concerns and disclosures. This will be reflected in our safeguarding policy.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 1 (4)</p> <p>Stated: First time</p> <p>To be completed by: 20 December 2017.</p>	<p>The views of service users and their carers/representatives shape the quality of services provided by the agency. Action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.</p> <p>This area for improvement relates to the arrangements for promoting individual choice of food and menus for service users.</p> <p>Response by registered person detailing the actions taken: Two service users have the capacity to have input into their meals and menus and thus, make choices based on their likes and dislikes. In relation to other service users this information is contained in their care plans based on information obtained from Trust representatives, from families and the knowledge of support staff. Alternative food choices are always available.</p>

Please ensure this document is completed in full and returned via Web Portal



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