Unannounced Care Inspection Report
25 July 2016

Ballyoan House

Type of Service: Domiciliary Care Agency
Address: Clooney Road, Londonderry BT47 6TG
Tel No: 02871860566
Inspector: Joanne Faulkner

1.0 Summary

An unannounced inspection of Ballyoan House took place on 25 July 2016 from 10.30 to 17.00.

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?

The agency has in place robust recruitment systems and ensures there is at all times an appropriate number of suitably skilled and experienced staff to meet the needs of service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust; and on occasions other stakeholders. The agency has systems in place to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. Service users indicated that they felt care provided to them was safe. The inspector identified areas for improvement during the inspection in relation to the management of staff records; following the inspection the agency forwarded a detailed action plan outlining the measures taken and processes to be implemented to address areas identified. In addition it was noted that one area for improvement identified during the inspection was assessed as being not met and will be stated for a second time.

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 development and review of individualised care plans. The agency has implemented systems for review and monitoring of quality, providing ongoing assurance of continuous improvement of services in conjunction with service users and, where appropriate, their representatives. There are robust systems in place to promote effective communication with service users and stakeholders. No areas for quality improvement were identified during this inspection.

Is care compassionate?

Delivery of compassionate care was evident on 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 discussion with staff and service users that agency staff value and respect the views and opinions of service users. The inspector identified evidence of positive outcomes for 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. No areas for quality improvement were identified during this inspection.

Is the service well led?

It was identified that there are management and governance systems in place to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of

accountability. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. Evidence of effective working partnerships with the HSC Trust and other external stakeholders was evident during the inspection. However it was noted that one area for improvement identified during the previous inspection was assessed as being not met and will be stated for a second time.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards 2011, previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

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

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

*The recommendation above have been stated for the second time

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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organization/registered provider: Apex Housing Association/Gerald Kelly	**Registered manager:** Lorraine Harkin
Person in charge of the agency at the time of inspection: Lorraine Harkin	**Date manager registered:** 17 December 2015

3.0 Methods/processes

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

- Discussion with the registered manager and services manager
- Examination of records
- Consultation with staff and 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
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Training and Development Policy, January 2015
- Selection and Recruitment Policy; January 2014
- Supervision Policy, July 2015
- Safeguarding Vulnerable Adults Policy, October 2014
- Risk Assessment Policy, January 2015
- Confidential Reporting Policy, January 2015
- Data Protection Policy, May 2016
- Complaints Procedure, May 2016
- Speaking to Residents and Relatives Policy, November 2014
- Statement of Purpose
- Service User Guide.

During the inspection the inspector met with seven service users, the registered manager and four staff members. Following the inspection the inspector discussed the outcome of the inspection with a senior manager within the organisation.

Questionnaires were distributed for completion by staff and service users during the inspection; six staff questionnaires were returned. There were no service user questionnaires 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

Ballyoan House is a supported living type domiciliary care agency, situated in Londonderry.

The agency's aim is to provide care and support to meet the needs of people with enduring mental health difficulties in an environment that takes into account the physical, social, emotional, spiritual, as well as cultural needs of the service users.

The agency's staff support service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.

Service users have individual rooms and a range of shared facilities which includes a lounge, bathrooms and kitchen. Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

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 7 September 2015

Last care inspection statutory requirements		**Validation of compliance**
Requirement 1 **Ref**: Regulation 21.-(1)(a) Schedule 4 **Stated:** First time	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are- (a)kept up to date, in good order and in a secure manner; This requirement relates to the registered person ensuring that the agency's staff rota clearly details shift timings.	**Met**
	Action taken as confirmed during the inspection: The inspector noted that the agency's staff rota information clearly details shift timings.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 14.7 **Stated:** First time	It is recommended that the registered person ensures that a record maintained by the agency of suspected, alleged or actual incidents of abuse includes details of the investigation, the outcome and action taken by the agency.	**Not Met**
	Action taken as confirmed during the inspection: The inspector noted that records maintained by the agency in relation to suspected, alleged or actual incidents of abuse did not include details of the investigation, the outcome and action taken by the agency.	

4.2 Is care safe?

During the inspection the inspector reviewed current staffing arrangements in place within the agency.

The agency's selection and recruitment policy outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment; it was noted that a checklist detailing checks completed is retained by the agency's human resources department details of which can be viewed electronically.

The agency's training and development policy outlines the induction programme lasting at least three days which is in accordance with the regulations; from discussions with staff it was identified that staff are required to attend induction training one day per week in the initial ten weeks of employment.

The manager stated a record of the induction programme provided to staff is maintained; they stated that the documentation is retained by individual staff members and that the agency does not retain a copy. The inspector discussed with the registered manager the benefit of maintaining a record of induction provided for each staff member. Following the inspection the agency forwarded a detailed action plan to the inspector outlining the measures taken and processes to be implemented to ensure that a copy of staff induction is retained by the agency.

It was identified that staff have been required to complete competency assessments following restructuring within the organisation; staff provided positive feedback about this process. Staff stated that they have can access the agency's policies and procedures online and in that a number of key policies are available in a paper format.

The inspector noted that the agency has a process for ensuring that staff provided at short notice have the knowledge and skills to fulfil the requirements of the job role; the inspector viewed staff profiles for relief staff provided and noted that they contained information relating to staff induction, training and details of relevant experience. The agency has a procedure for the induction of short notice/emergency staff and for verifying their identity prior to supply; it was identified from discussions with the registered manager that relief staff are accessed from

another domiciliary care agency. The manager and staff could describe the impact to service users of staff changes and the need to promote continuity.

Discussions with the registered manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. The agency's staff rota information viewed reflected staffing levels as described by the manager.

The agency's supervision and appraisal policies detail the frequency and procedures to be followed. The agency maintains a record of staff supervision and appraisal; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector felt that supervision and appraisal were beneficial. The inspector noted that records relating to supervision and appraisal were stored in a number of different locations within the agency's offices and not maintained in individual staff records; additionally it was noted that there was a delay in locating the records during the inspection. The inspector discussed with the manager and a senior manager form the organisation the need to review the systems in place within the agency to ensure that all records retained are held securely and available at all times for inspection. Following the inspection the inspector was provided with a detailed action plan of the immediate measures taken and processes to be implemented to ensure that records are maintained in accordance with the agency's policies and procedures.

The organisation has an electronic system in place for recording staff training. Staff stated that they are required to complete mandatory training and in addition training specific to the needs of individual service users'. Initial information provided to the inspector during the inspection was noted not to be an accurate reflection of training completed by all staff; further discussions with the manager and training personnel and electronic records viewed provided assurances that staff had received appropriate training. The inspector discussed with the manager the need to ensure that there is a process for identifying training needs on a regular basis. Details of systems to be implemented by the agency were included in the action plan forwarded to the inspector.

Staff indicated that they had the required knowledge, skills and experience to carry out their roles. They described how their induction which involved shadowing other staff members; meeting service users and becoming familiar with their care and support needs equipped them for their job role. Staff could describe the need to respect the privacy, dignity and choices of service users.

The inspector examined the agency's provision for the welfare, care and protection of service users. The agency has in place a policy relating to the safeguarding of vulnerable adults. The registered manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015; it was noted that the organisation is currently reviewing their policy and procedures to reflect information contained within the guidance.

The inspector reviewed the agency's records maintained in relation to safeguarding vulnerable adults. It was noted that a recommendation made following the previous care inspection in relation to records maintained by the agency of suspected, alleged or actual incidents of abuse had not been met and will be stated for a second time.

Discussions with the registered manager indicated that the agency had acted in accordance with their policies and procedures in managing any alleged or actual incidents of abuse.

It was noted that staff are provided with face to face training in relation to safeguarding vulnerable adults during their induction and in addition are required to complete an annual update. Discussions with staff indicated that they had an understanding of safeguarding issues and could describe the procedure for reporting concerns.

Staff described an awareness raising event recently organised by the agency to raise the awareness of adult safeguarding; it was noted that a number of service users attended.

Staff had knowledge of the agency's whistleblowing policy and could describe their responsibility in highlighting and raising concerns.

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 process for assessing and reviewing risk. It was noted from records viewed and discussions with staff that risk assessments are reviewed initially six months after the tenancy commences and then annually. The agency's monthly governance arrangements include audit of risk assessment and any restrictive practices in place.

The agency's registered premises are located within the same building as the service users' accommodation; the premises are suitable for the operation of the agency as described in the Statement of Purpose.

Six staff questionnaires were returned to the inspector; responses received indicated that staff were satisfied that care provided is safe.

Service user comments:

- 'I am grand, I have no concerns.'
- 'Staff do all they can for you.'
- 'I want to stay here for the rest of my days.'
- 'I am happy here.'
- 'I like it here; I get on well with the other people who live here.'
- 'Staff are very good.'

Staff comments:

- 'I got on the job training through the Buddy system.'
- 'I get supervision.'
- 'We got induction and complete a booklet.'
- 'I get training updates based at head office or on line.'

Areas for Improvement

One area for improvement identified during the previous care inspection has been assessed as being not met and will be stated for a second time.

Number of requirements	**0**	**Number of recommendations**:	**1**

4.3 Is care effective?

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 is detailed within the Statement of Purpose and Service User Guide.

The agency's data protection policy relating to management of records details the procedures for the creation, storage, retention and disposal of records. It was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy; however the inspector discussed with the manager the needs to review the system for effectively managing and securing records relating to staff.

The inspector viewed a number of individual service user care plans; service users stated that they are encouraged to participate in the development of their care plans. Staff stated that they record daily the care and support provided to service users. Documentation viewed indicated that risk assessments and care plans are reviewed and updated six monthly and that an annual review involving HSCT representatives is facilitated.

It was identified in discussions with staff and from documentation viewed 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 monthly quality monitoring visits are completed by a senior manager within the organisation and an action plan developed. Records viewed included the views of service users, their relatives and where appropriate relevant professionals. The documentation includes details of the review of accidents, incidents or safeguarding concerns and in addition audits of staffing and financial management arrangements are completed.

The agency facilitates bi-monthly tenants' meetings; service users stated that they are supported to express their views. Service users were aware of the agency's complaints procedure; it was noted that the agency maintains a record of complaints.

The agency provides service users with human rights information issued by the Ministry of Justice; details of advocacy services are provided to service users.

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 staff, and observations of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users described the process for reporting concerns and stated that staff are available to speak to them at any time.

The manager stated that the agency seeks to maintain effective working relationships with the HSCT representatives and could describe examples of ongoing liaison with HSCT professionals in order to achieve better outcomes for service users.

Six staff questionnaires were returned to the inspector; responses received indicated staff were satisfied that care provided is effective.

Service users' comments:

- 'I am happy with everything.'
- 'I go to the tenant's meeting; we make decisions.'
- 'The staff listen to you.'
- 'I speak to the manager if I am worried.'
- 'Staff are all alright; I get on well with them.'

Staff comments:

- 'Care plans are reviewed six monthly.'
- 'Service users' are given choice; we have a person centred approach here.'
- 'Service users are involved in care planning.'
- 'We do a monthly update of 'Star' plans.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.5 Is care compassionate?

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and equality and to involve service users in decisions affecting their care, support and life choices.

It was identified from records viewed that staff receive Human Rights training during their initial induction. Discussions with service users and 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.

The inspector viewed a range of information provided to service users in an alternative format to facilitate clearer understanding of the information being communicated.

Staff could describe examples of support provided to service users to enable them to take positive risks and enable them to live a fulfilling life and promote independence; they stated that the views and choices of service users are central to service provision.

Discussions with staff and service users and observations of staff interaction with service users indicated that care is provided in an individualised manner. Care plans viewed were written in a person centre manner; service users stated that they are consulted about the care they receive and involved in making decisions regarding the care and support they receive. Records of tenant meetings indicated the involvement of service users and recorded decisions made by service users in relation to shared living.

The views of service users and/or their representatives were recorded throughout a range of agency documentation. Processes to record and respond to service users and relatives are maintained through the complaints process, monthly quality monitoring visits, annual review meetings, annual stakeholder surveys, keyworker meetings and tenants meetings.

The inspector noted from discussion with service users that they can make choices regarding their daily routine and activities; they confirmed that they are included in all decisions relating to their individual care. Records viewed and discussions with staff and service users indicated that service users and where appropriate their relatives are involved in decision making on a wide range of matters such as care needs, meals, activities and shared facilities.

Six staff questionnaires were returned to the inspector; responses received indicated that staff were satisfied that care provided is compassionate.

Service users' comments:

- 'Staff talk to me.'
- 'I am a free man; I can do what I want.'
- 'Staff take me out; I am afraid to go out on my own.'
- 'Staff talk about my care with me.'
- 'Staff listen to us.'
- 'I like living here.'

Staff comments:

- 'The use of one to one and tenant's meetings allows tenants to let their voice be heard and includes them in decisions about their care. '
- 'Everything is about the service users.'
- 'Tenants can speak out.'
- 'It can be challenging working here; the tenants have complex needs.'
- 'We are allocated one to one time with service users.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.6 Is the service well led?

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 in place a comprehensive range of policies and procedures. Policies and procedures are retained on an electronic system which all staff have access to, and additionally in paper format stored within the agency's office.

From records viewed and discussions with the registered manager the inspector noted that the agency's governance arrangements promote the identification and management of risk; these include relevant policies and procedures, monthly audit of complaints, accidents, safeguarding referrals, incidents notifiable to RQIA, and restrictive practices.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received a number complaints for the period 01 April 2015 to 31 March 2016. Records viewed indicated that the agency had handled complaints in

accordance with their policies and procedures. Discussion with the registered manager and staff indicated that staff are familiar with the process for dealing with complaints.

It was identified that the agency has in place management and governance systems to drive quality improvement. Arrangements for managing incidents and complaints include mechanisms for identifying trends and reducing the risk of recurrences. During the inspection the inspector viewed evidence of appropriate staff training, supervision and appraisal.

The organisational and management structure of the agency is outlined; it denotes lines of accountability and roles and responsibilities of staff. Staff stated that they are provided with a job description which outlines the role and responsibilities of their role. Staff had knowledge of their roles and responsibilities; service users were aware of staff roles and knew who to talk to if they had an issue or concern.

The registered person has worked effectively with RQIA in promoting compliance with Regulations and Minimum Standards; a detailed action plan of measures implemented immediately following the inspection was forwarded to the inspector. The inspector identified that an area for improvement identified during the previous care inspection had not been met and will be stated for a second time.

The agency's Statement of Purpose and Service User Guide are kept under review. On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Discussions with the manager and staff indicated that there are effective collaborative working relationships with external stakeholders.

Discussions with the registered manager provided assurances that there were effective working relationships maintained by senior managers and the registered person with staff. Staff stated that they can access support from the registered manager at any time.

Staff could describe lines of accountability and knew who to contact if they required support or guidance. Staff stated that their views and opinions are listened to and felt that the agency seeks to address issues or concerns raised.

It was noted that there are systems in place to support the manager in their role i.e. quarterly meetings with managers from the organisations other facilities; regular contact with their line manager.

Six staff questionnaires were returned to the inspector; responses received indicated that staff were satisfied that the service is well led.

Service user comments:

- 'The manager and staff are good; I speak to them when I am worried.'
- 'The staff put up with a lot in here; some of the people are tricky.'

Staff comments:

- 'The management are approachable and make themselves available at any time.'
- 'I feel listened too.'
- 'We have a supportive team; we help each other.'
- 'We have all completed the competency framework and had teambuilding.'
- 'The manager is approachable, accommodating and supportive.'

Areas for improvement

One area for improvement identified during the previous care inspection has been assessed as being not met and will be stated for a second time.

Number of requirements	**0**	**Number of recommendations**:	**0**

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Lorraine Harkin, 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 (Insert Service Type). 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.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to agencies.team@rqia.org.uk 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	
Recommendations	
Recommendation 1 **Ref**: Standard 14.7 **Stated:** Second time **To be completed by:** 25 September 2016	It is recommended that the registered person ensures that a record maintained by the agency of suspected, alleged or actual incidents of abuse includes details of the investigation, the outcome and action taken by the agency.
	Response by registered provider detailing the actions taken: A standardised register is in place and has now been updated by the Manager to include details of safeguarding investigations, the outcome of investigations and action taken by the agency.

The Regulation and Quality Improvement Authority

9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews