



The Regulation and
Quality Improvement
Authority

Ballyoan House
RQIA ID: 10847
Clooney Road
Londonderry
BT47 6TB

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**Unannounced Care Inspection
of
Ballyoan House**

7 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 7 September 2015 from 10.30 to 16.45. A number of concerns raised by individual service users indicated potential safeguarding concerns; the details were shared with representatives from the WHSCT Safeguarding Vulnerable Adults Team for investigation under the DHSSPS Adult Safeguarding Prevention and Protection in Partnership Guidelines, July 2015. 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	1

The details of the QIP within this report were discussed with person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Apex Housing Association/Gerald Kelly	Registered Manager: Hugh Doherty(Acting)
Person in Charge of the Agency at the Time of Inspection: Kelvin Hegarty- Senior Support Worker	Date Manager Registered: 1 June 2015
Number of Service Users in Receipt of a Service on the Day of Inspection: 16	

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 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.'

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 service users/staff
- File audit
- Evaluation and feedback.

During the inspection the inspector met with six service users and two care staff.

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 monitoring reports
- Service users' meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints register
- Recruitment policy (January 2014)

- Induction policy
- Supervision policy (July 2014)
- Staff register/ information
- Agency's rota information
- Training and Development policy (January 2015)
- Confidential Reporting policy (January 2015)
- Mental Health Support Plan policy (April 2014).

Staff questionnaires were completed by five staff following the inspection; they indicated the following:

- Service users' views are taken into account in the way the service is delivered.
- Staff are satisfied that the induction programme prepared them for their role.
- Staff are satisfied that care is delivered in a person centred manner.
- Four staff indicated that the agency's whistleblowing policy was accessible.
- Four staff were satisfied that concerns raised would be taken seriously.

One individual highlighted concerns in relation to staff safety and the support provided by the agency. This was discussed with the acting manager prior to the report being issued; they stated that this issue be discussed with staff.

Service users' questionnaires were completed by six service users during the inspection; they indicated that:

- Service users are satisfied with the care and support they receive.
- Service users are satisfied that they are consulted in relation to the quality of the service.
- Five service users feel safe and staff respond to their needs.
- Service users are satisfied that staffing levels are appropriate.
- Service users are satisfied that staff have the skills to care for them.

One individual indicated that they were unsatisfied that staff help them to feel safe and secure; this was discussed with the acting manager prior to the issue of the report. The manager stated that this concern would be discussed at the next tenants' meeting.

The inspector would like to thank the service users and staff for their co-operation and support during the inspection process.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Last Care Inspection Dated 10 March 2015

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 6.-(1)(b)	The registered person shall produce a written service user's guide which shall include- (b)the terms and conditions in respect of the services to be provided to service users, including details as	Met

	<p>to the amount and method of payment of fees, if appropriate;</p> <p>This requirement relates to the registered person ensuring that the service user's guide is updated to include information relating to restrictive practice.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 23.(1)(5)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of 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> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record includes the views of service users' relatives and where appropriate, relevant professionals.</p> <p>Action taken as confirmed during the inspection: The inspector viewed the agency's monthly quality monitoring records and noted that they included the views of service users' relatives and where appropriate, relevant professionals.</p>	<p>Met</p>

5.3 Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency's recruitment policy outlines the mechanism for ensuring that appropriate pre-employment checks are completed; the person in charge stated that copies of these records are retained by the human resources department. The agency has a process for ensuring that staff supplied are physically and mentally fit for the purposes of their work; it requires staff to complete a pre-employment health questionnaire prior to employment and a return to work interview following a period of absence.

An alphabetical index of all domiciliary care workers supplied or available for supply for the agency is maintained by the agency. A record is maintained of those staff supplied on a temporary or short notice basis.

The agency's induction policy outlines the induction programme lasting at least three days within the service users home; it includes shadowing staff members; this was confirmed by a staff member recently employed. In addition, staff receive induction training at the agency's head office; the person in charge stated that the format of this had recently been updated. A record of the induction provided to staff is maintained; records viewed provided evidence of a comprehensive induction programme. Staff are provided with a handbook and induction booklet and have access to the agency's policies and procedures. Staff receive supervision during their induction period and an evaluation record maintained.

The inspector viewed documentation provided to staff which details the outcome of the assessment of their competency; it was noted that it is focussed on six core competencies and that staff are required to attain a certain level of competency in order to carry out their role.

The agency has a procedure for the induction of staff at short notice/emergency and for verifying the identity of all supply prior to their supply; the documentation was viewed by the inspector.

The agency's policies and procedures relating to staff supervision and appraisal outline the frequency and process to be followed. Staff are provided with a supervision contract; records are maintained of supervision and appraisal and indicated that they are completed in accordance with the agency's policies and procedures. Staff undertaking supervision had received appropriate training.

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 rota information viewed reflected staffing levels as described by the person in charge; staff described the process for ensuring that the needs of individual service users are met. The agency has a process in place to ensure that staff, provided from another domiciliary care agency 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 staff were allocated shifts as required. It was identified that staff rotas did not clearly indicate the time of the shift. A requirement has been made.

Staff stated that they are provided with a job description which outlines the roles and responsibilities of their individual role; they could describe their responsibilities and the process for reporting any training needs to their line manager.

Staff could describe the detail of the induction programme received and stated that they felt equipped to complete the requirements of their role. The agency maintains a record of induction which includes detail of competency assessments completed with staff during the induction period. The person in charge stated that staff are encouraged to highlight any training issues during supervision or staff meetings and stated that staff can speak to their line manager at any time.

Records indicated that staff receive quarterly supervision and annual appraisal. The agency has a process to identify and respond to training needs; it was viewed by the inspector. Documentation viewed indicates that the agency provides mandatory training to all staff and in addition training specific to meet the needs of individual service users.

Staff providing supervision have received appropriate training; the agency's policy details the frequency of supervision and appraisal.

Staff who met with the inspector were aware of the agency's whistleblowing policy and their responsibility in highlighting concerns.

Is Care Compassionate?

Staff stated that concerns raised in relation to staffing issues by service users and their representatives are discussed at monthly tenant and staff meetings.

Service users stated that they are introduced to new staff provided by the agency to support them. Staff could describe the impact of staff changes on service users and the importance of endeavouring to provide continuity of staff. The person in charge described recent staff changes due to restructuring within the organisation.

Induction records viewed indicated that staff receive induction and additional training specific to the needs of service users. Staff stated that they had the knowledge and skills to carry out their roles; staff are required to complete competency assessments in six core areas. The agency's disciplinary procedure outlines the process for addressing unsatisfactory performance of staff.

Staff described how their induction included meeting service users and becoming familiar with their needs and the importance of respecting the privacy, dignity and wishes of individual service users. A number of service users stated that they can choose to do what they want and that staff respect their privacy.

Service User Comments:

- "Staff are good; I like it here."
- "I can say what I want."
- "I am happy with the staff."
- "I am not happy living here; I want to move on; staff are helping me to do this."
- "Staff are good to us."

Staff Comments:

- "I received induction training and also shadowed another staff member."
- "The senior staff are very supportive and approachable."
- "I enjoy working here."
- "I receive supervision."
- "I am aware of the whistleblowing policy."
- "We have enough staff; the staff numbers vary due to the needs of the service users."

Areas for Improvement

There was one area for improvement identified within Theme 1.

Regulation 21.-(1)(a) Schedule 4

This requirement relates to the registered person ensuring that the agency's staff rota clearly details shift timings.

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 indicate the involvement of service users and reflect the views and wishes of service users and where appropriate their representatives. The agency has a range of multi-disciplinary assessments provided by the referring HSC trust. Service users stated that they are involved in the assessment of need and completion of their individual care plans and that their views are reflected.

There was evidence of positive risk taking in collaboration with the service user and/or their representative. Staff complete risk assessments in conjunction with service users; the assessments viewed provided examples of positive risk taking. Staff could describe the benefits of positive risk taking and their role in supporting service users to live as independently as possible. The agency's Mental Health Support Plan policy outlines the need for service users to be involved in developing their care and support plan.

Is Care Effective?

Service users are encouraged to participate in an annual review of their care and support involving representatives for the HSC trust; the person in charge could describe incidents when reviews are held more frequently. Staff record daily the care and support provided and care plans are reviewed six monthly or as required. Service users stated that they are involved in the development of their care and support plans. The person in charge stated that staff are currently receiving updated training in relation to care planning. Care and support plans viewed detail the routines of service users and contain information specific to the needs of individual service users.

The agency facilitates monthly tenants' meetings with service users; records viewed record the views and comments expressed by service users. In addition service users are encouraged to meet regularly with their identified keyworker. Service users and their relatives are informed of the agency's complaints procedure; the agency maintains a record of all compliments and complaints. Monthly monitoring visits are completed and records viewed indicate engagement with service users and where appropriate their representatives.

Service users have been provided with human rights information in a suitable format and the tenants guide details the process of accessing an independent advocacy service.

Is Care Compassionate?

Discussions with staff and service users indicate that service users receive care in an individualised manner.

Care plans and agency records were written in an individualised manner and service users stated that they are consulted about the care and support they receive.

The person in charge described the agency's process for engaging with service users and their representatives were appropriate. Staff discussed examples of responding to service users' preferences; records of monthly tenant meetings reflected the involvement of service users.

Human rights were outlined in care plans; it was noted that the agency provides service users with information on human rights in an easy read format.

The person in charge described how the agency liaises with the HSC trust regarding best interest practices for service users where there may be capacity and consent issues.

Service User Comments:

- "I can go out when I want."
- "Staff listen to me."
- "We are given choice."
- "I am decorating my room; staff have helped me to do this."

Staff Comments:

- "Tenants are given choice; they can do what they want."
- "Service users are involved in completing their care plans."
- "Service users are encouraged and supported to become more independent."
- "We provide service users with the care and support they need."

Areas for Improvement

There were no areas for improvement identified within Theme 2.

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

5.5.1 Monthly Quality Monitoring

The inspector viewed the agency's quality monitoring documentation in place and noted that monthly monitoring visits are completed by a member of the agency's management team. From records examined the views of service users, their relatives and were appropriate relevant professionals had been recorded. The documentation details any incidents or safeguarding concerns and contains an action plan; information is recorded in relation to staffing, supervision and training needs.

5.5.2 Complaints

The agency has received six complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the person in charge.

The agency's complaints policy was reviewed in December 2014; it outlines the procedure in handling complaints; documentation viewed indicated that the agency's policy and procedures had been followed.

5.5.3 Safeguarding Vulnerable Adults

Discussions with a number of service users during the course of the inspection highlighted a number of potential adult safeguarding concerns; the details have been shared with the WHSCT and an adult safeguarding investigation is currently ongoing. Records maintained by the agency in relation to previous safeguarding referrals detail the information forwarded to the relevant organisations for investigation; however it was noted that details of the investigation, the outcome and action taken by the agency was not recorded.

Areas for Improvement

There was one area for improvement identified.

Standard 14.7

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.

Number of Requirements:	0	Number of Recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the person in charge 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

<p>Requirement 1</p> <p>Ref: Regulation 21.- (1)(a) Schedule 4</p> <p>Stated: First time</p> <p>To be Completed by: 7 November 2015</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>This requirement relates to the registered person ensuring that the agency's staff rota clearly details shift timings.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The agencies staff rota has been amended to clearly detail shift timings including the recording of am/pm on the rota.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 14.7</p> <p>Stated: First time</p> <p>To be Completed by: 7 November 2015</p>	<p>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.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The agency will ensure that the register held detailing suspected, alleged or actual incidents of abuse will include written details of the investigation, outcome and action taken by the agency. The registered person will ensure follow up with the Trust every 4 weeks in relation to written confirmation for VA cases. Details of all follow up contact including date, time and person spoken to will be recorded on the register by the OIC.</p>

Registered Manager Completing QIP	Lorraine Harkin	Date Completed	23.10.15
Registered Person Approving QIP	Ellen Hall	Date Approved	23.10.15
RQIA Inspector Assessing Response	Joanne faulkner	Date Approved	27/10/15

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