

# Unannounced Care Inspection Report 10 September 2018



## Ballyoan House

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

[www.rqia.org.uk](http://www.rqia.org.uk)

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**

Ballyoan House is a domiciliary care agency supported living type, which provides personal care and housing support to people with enduring mental health difficulties.

Staff are available to support service users 24 hours per day and assist them 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.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Apex Housing Association/Gerald Kelly	<b>Registered Manager:</b> Lorraine Harkin
<b>Person in charge at the time of inspection:</b> Lorraine Harkin	<b>Date manager registered:</b> 17 December 2015

### 4.0 Inspection summary

An unannounced inspection took place on 10 September 2018 from 10.30 to 16.45.

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

The inspection determined 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:

- Communication with service users, relatives and other relevant stakeholders
- Staff induction, supervision and appraisal
- Governance and Quality monitoring systems
- Provision of care in a person centred manner
- Service user involvement

This was supported through review of records at inspection and from feedback received from service users and staff on inspection.

One area for improvement was identified during the inspection in relation to staff training.

The comments of service users have been included in the relevant report sections.

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.

The inspector would like to thank the manager, service users and staff for their welcome, support and full co-operation throughout the inspection process.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

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

Enforcement action did not result from the findings of this inspection.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 13 June 2017**

No further actions were required to be taken following the most recent inspection on 13 June 2017.

#### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the manager
- examination of records
- consultation with service users and staff
- evaluation and feedback

During the inspection the inspector met with the manager, three service users and three staff.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide

A number of policies and procedures viewed prior to and following the inspection were noted to have been reviewed and updated in line with timescales as outlined within the minimum standards.

Questionnaires were provided during the inspection for completion by service users and /or relatives; 1 questionnaire was returned to RQIA. The response received indicated that service users and /or relative was very satisfied that care provided was safe, effective and compassionate and that the agency was well led.

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; four responses were received. Responses received indicated that staff were either satisfied or very satisfied that care provided was safe, effective and compassionate and that the agency was well led.

In addition feedback received by the inspector during the course of the inspection is reflected throughout this report.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 13 June 2017**

The most recent inspection of the agency was an unannounced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 13 June 2017**

There were no areas for improvement made as a result of the last care inspection.

## **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.**

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

The agency's recruitment policy outlines the procedures for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency's staff recruitment process is co-ordinated in conjunction with the organisation's Human Resources (HR) department.

The manager stated that confirmation is received that all checks have been satisfactorily completed in the form of an email. The stated that staff are not provided for work until all required checks have been satisfactorily completed.

It was identified that the agency has recently developed a system for ensure that a statement by the registered provider or the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform in in place.

The agency's training and development policy outlines the induction programme provided to staff; it was noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are required to attend induction training one day per week for a number of weeks and in addition are required to complete an induction competency workbook and a number of shadowing shifts. Staff are required to complete the induction workbook which is based on the Northern Ireland Social Care Council's (NISCC) standards within the initial six months of employment. Staff could describe the details of the induction provided which was noted to include a review of their induction three monthly during their probationary period and shadowing other staff employed by the agency.

Records of individual staff induction retained by the agency were viewed; they contained details of the information provided to staff during their induction period.

Observations of and discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles. Staff are provided with a job description at the commencement of employment. The agency maintains a register for all staff detailing dates of induction, training and registration status with relevant regulatory bodies.

The process for ensuring that staff provided at short notice had the knowledge and skills for the job roles was discussed with the manager. The inspector viewed staff profiles in place for relief staff and noted that they contained information in relation to the individuals pre-employment checks, training, experience, induction and registration status and expiry with the NISCC.

Discussions with the manager and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of individual service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the manager and staff.

The agency's supervision and appraisal policies detail the timescales and procedures to be followed. Staff are provided with a supervision contract and a record of staff supervision and appraisal are maintained. The records of three staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies. Staff participate in developing individual development plans as part of the appraisal process. Staff supervision and appraisal information viewed were noted to be retained in a well organised manner.

The manager could describe the process for identifying training needs in conjunction with the organisation's training officer and their responsibility for ensuring that training updates are completed. Staff were required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. It was noted that the agency has recently introduced an E-Learning programme for staff and that staff are required to complete training on an identified areas each month. Staff stated that their training was informative and had equipped them with the appropriate knowledge and skills for their role.

The agency has an electronic system for recording staff training; the initial information provided to the inspector did not accurately reflect all training completed; additional information was provided by the training department. Discussions with the organisations training officer during the inspection identified that the organisation was currently in the process of developing a system that would record all training completed by staff.

The inspector viewed that the agency's staff training matrix, from records viewed it was identified that a small number of staff are required to complete training in a number of mandatory areas. An area for improvement was identified.

The agency retains details of the registration status and expiry dates of staff required to be registered with the NISCC or the Nursing and Midwifery Council (NMC) as appropriate. The manager stated that staff are alerted when their registration is required to be renewed and not supplied for work if they are not appropriately registered. Discussions with the manager indicated that the list is reviewed on a monthly basis in conjunction with the organisation's HR department and in addition during staff supervision.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The manager could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The organisation's policy and procedures reflect information contained within the DOH policy and outlines the procedure for staff in reporting concerns.

The organisation has identified an Adult Safeguarding Champion (ASC) and a number of deputy ASC's; the policy outlines the role and key areas of responsibility of the ASC which was noted to include the completion of an annual report relating to adult safeguarding. It was positive to note that a newsletter developed by the ASC in relation to adult safeguarding matters is produced three times per year.

Discussions with staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the ASC and the process for reporting adult safeguarding concerns appropriately and in a timely manner. It was noted that staff are required to complete safeguarding training during their induction programme and in addition an annual classroom based training update. Training records viewed by the inspector indicated that staff had received training in relation to adult safeguarding.

It was noted that the agency has provided service users with information in relation to adult safeguarding and personal safety. Service users who spoke to the inspector could describe what they would do if they had any concerns in relation to their safety or the care they received.

Discussions with the manager and records viewed relating to adult safeguarding evidenced that the agency has a process for maintaining a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager indicated that the agency had acted in accordance with their policy and procedures in relation to referrals made since the previous inspection.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The agency's risk management policy outlines the process for assessing and reviewing risk. Service users are supported to participate in an annual review involving their HSCT keyworker if appropriate and

that care plans are reviewed annually or as required. The inspector viewed a range of risk assessments in place relating to individual service users and discussed with the manager the need to ensure that care plans include detailed information in relation to any risks identified.

The agency’s office accommodation is located within the same building as the homes of the service users and accessed from a shared entrance. The offices are suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection offices were locked, records were stored securely and in a well organised manner and that PC’s were password protected.

**Comments received during inspection process.**

**Service users’ comments**

- “I love it here.”
- “Staff are awful good; they are very kind to us.”
- “This is a great place to live.”

**Staff comments**

- “We have good team work.”
- “The training is good and ongoing.”
- “Supervision is good; has been better since the new manager.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to staff induction, supervision, appraisal and adult safeguarding.

**Areas for improvement**

One area for improvement was identified during the inspection in relation to staff training.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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, assessing and meeting the needs of service users were reviewed during the inspection. The agency’s Statement of Purpose and Service User Guide contain details of the nature and range of services provided.

The agency’s data protection policy outlines the procedures for the effective creation, storage, retention and disposal of records. The majority of records viewed during the inspection were noted to be retained in an organised manner. Staff receive training relating to record keeping and confidentiality during their induction programme. It was identified that staff had received training relating to GDPR.



Service users could describe how staff support them to be involved in the completion of their individual risk assessments and the development of their care plans. Staff could describe the processes used for encouraging and supporting service users to be engaged in the care planning and review processes. During the inspection the inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided.

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The organisation has a process for completing bi-monthly quality monitoring visits; it was noted that additional processes are in place to ensure that relevant information is collated, audited on a monthly basis by the manager and a monthly report developed and provided to the senior management team.

The inspector viewed the agency's quality monitoring reports and records of the visits completed by a senior manager. Records viewed indicated that the process is effective and that an action plan is developed. The records were noted to include comments made by service users, and where appropriate their representatives. They included details of the review of the previous action plan, review of accidents, incidents and safeguarding referrals; staffing arrangements, care records, the environment, complaints and financial management arrangements.

## **Comments recorded on quality monitoring reports**

### **Staff comments**

- "I like working here."

### **Service Users comments**

- "I feel safe here and everyone is good to me."
- "Staff are wile good to me here."
- "I have been here 2 years, I like it; everything is good."
- "I am doing great."

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users, and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users.

The manager and staff could describe the processes used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders.

The agency facilitates bi-monthly service user and staff meetings; service users stated that they are encouraged to attend and provided with the opportunity to express their views and opinions. Minutes of service users meetings viewed indicated that service users had been provided with information in relation to meal choices, the complaints process and safeguarding. The minutes contain a number of comments made by service users in relations to their views and choices.

It was identified that a range of standard items are discussed at all meetings, they include adult protection, complaints and health and safety. It was noted that staff are required to sign the minutes of staff meetings to indicate that they have read and understood the information.

One service user attends a service user focus group within the organisation. The inspector viewed the responses received from the recent service user satisfaction survey and noted that comments received were mainly positive; the agency had developed an action plan to address an issues raised.

**Comments received during inspection process.**

**Service users’ comments**

- “Everything is good.”

**Staff comments**

- “All the staff are hardworking; it works well for the service users.”
- “We use agency; we could do with a few more permanent staff.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s auditing arrangements and communication and engagement with service users, and where appropriate their relatives and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**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.**

The inspection sought to assess the agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The agency’s staff receive training in relation to human rights, equality and confidentiality during their induction programme. Discussions with service users and staff, records viewed and observations made during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care is provided. The agency has provided information to service users relating to human rights, advocacy and adult safeguarding. The inspector noted that there was a relaxed, welcoming atmosphere in the agency and that service users moved around the building freely.

Service user care records viewed were noted to contain information relating to the life histories of service users and their needs, choices and preferences. During the inspection the inspector observed service users making decisions about the care and support they received.

Staff described how they aim to provide the care and support in a person centred way; and the processes used for effectively supporting service users in making informed choices. Service users who spoke to the inspector could describe how staff support them to be involved in decisions relating to their care, support and daily routines.

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on equality and diversity. The agency can provide a range of documentation for service users in an alternative format if required.

The agency's Statement of Purpose and Service User Guide contains information relating to equality and diversity. The manager could describe how staff development and training equips staff to engage with a diverse range of service users.

Discussions with the service users, staff and the manager provided evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- effective service user involvement
- stakeholder involvement
- use of advocacy services
- equity of care and support
- provision of care in an individualised manner
- individualised risk assessment

Records viewed and discussions with staff indicated that the agency has a range of effective methods for recording comments made by service users and/or their representatives. Records of service user and care review meetings and reports of quality monitoring visits indicated regular engagement with service users and where appropriate relevant stakeholders.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process; quality monitoring visits; care review meetings, service user meetings and annual satisfaction survey. The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

Observations made during the inspection and discussions with service users indicated that they are encouraged to make choices regarding their daily routines and activities. It was observed that service users could speak to staff at any time. The inspector visited service users in shared areas of their homes; it was good to note that service users appeared relaxed and comfortable in their home.

### **Service users' comments**

- "Staff are great; they are wild good to you."
- "I do what I want; I go out when I want."
- "I speak to the staff if I am not happy."

**Staff comments**

- “Service users have choice.”
- “We support service user to go out if they want.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and the effective engagement with service users, and where appropriate their relatives and other relevant stakeholders with the aim of improving the quality of the service provided.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 inspection reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is managed on a day to day basis by the manager supported by the deputy manager. Staff could describe the process for obtaining support and guidance at any time including out of hour arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained in an electronic format. A number of the organisation’s policies viewed both prior to and during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards. It was noted that the agency’s Disciplinary and Equality and Diversity policies had recently been reviewed and updated.

The agency’s complaints policy and procedure outlines the process for managing complaints; discussions with the manager and staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was noted that staff had received training in relation to management of complaints during their induction programme. Service users could describe the process for raising concerns. The agency maintains a record of complaints received. It was noted from records viewed and discussions with the manager that the agency has handled complaints received in accordance with their policy and procedures. Complaints are audited on a monthly basis as part of the organisation quality monitoring system. Complaints received, the outcome and learning identified are discussed at staff meetings.

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of policies and procedures, monthly monitoring of staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA. Throughout the inspection the inspector viewed evidence of effective collaborative working relationships with relevant stakeholders.

From records viewed it was identified that the agency has in place management and governance systems to monitor and improve the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal. The manager and staff could clearly describe the rationale for regularly reviewing the quality of the services provided.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it clearly details lines of accountability. Staff who spoke to the inspector had a good understanding of the responsibilities of their job roles. Staff are provided with a job description at the commencement of employment. Service users knew who to talk to if they had a concern. Staff and service users stated that the manager and senior staff are approachable and supportive; they could describe the procedure for obtaining support and guidance.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

### **Comments received during inspection.**

#### **Staff comments**

- "The manager and deputy are very supportive; there is an open door here."
- "I have no concerns."

#### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements including the quality monitoring process and the management of complaints and incidents.

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	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 the registered manager, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection.</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All staff training records have been reviewed and targets have been set for any staff out of date to either attend face to face sessions or complete appropriate elearning modules</p>

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



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