

Unannounced Care Inspection Report 13 June 2017



Ballyoan House

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

www.rqia.org.uk

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

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

The agency's staff are available to support service users 24 hours per day and support 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

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

4.0 Inspection summary

An unannounced inspection took place on 13 June 2017 from 10.30 to 16.30.

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 recruitment;
- Staff induction and training;
- Record keeping processes;
- Collaborative working with HSCT representatives;
- Service user engagement.

Service users said:

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 registered manager, service users, agency staff and HSCT representatives for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Lorraine Harkin, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 25 July 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 July 2016.

5.0 How we inspect

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

- Discussion with the registered manager
- Examination of records
- Consultation with staff, service users and relevant stakeholders
- 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 QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with four service users, three staff and a Health and Social Care Trust (HSCT) representative.

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
- Recruitment Policy
- Induction Policy
- Training and Development Policy
- Supervision Policy
- Disciplinary Policy
- Safeguarding Vulnerable Adults Policy
- Confidential Reporting Policy
- Complaints Policy
- Statement of Purpose
- Service User Guide

Prior to the inspection the inspector visited that agency’s Human Resources (HR) department to review the agency’s individual staff recruitment records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

Questionnaires were distributed by the inspector for completion by staff and service users during the inspection; ten service user and six staff questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 July 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 25 July 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Recommendation 1 Ref: Standard 14.7 Stated: Second 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.	Met
	Action taken as confirmed during the inspection: The inspector noted from documentation viewed that the agency’s record of suspected, alleged or actual incidents of abuse includes details of the investigation, the outcome and action taken by the agency.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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

The inspector noted that the agency's staff recruitment process is managed by the organisation's HR department. Prior to the inspection the inspector visited the HR department and reviewed a number of individual staff personnel records; documentation viewed included a clear outline of the recruitment processes and evidence of pre-employment checks completed.

The agency's recruitment policy outlines the procedure for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Records viewed by the inspector indicated that there are robust recruitment systems in place to ensure that staff are not provided for work until all required checks have been satisfactorily completed.

The agency's training and development policy outlines the induction programme lasting in excess of the three day timescale as required within the regulations; the inspector noted from records viewed and discussions with the registered manager that the organisation has a 10 week rolling induction programme. It was noted that staff are required to complete the full induction programme within their six month probationary period. Staff are required to attend induction training one day per week for the initial 10 weeks of employment to complete the induction programme. Staff stated that they are required to complete an induction competency workbook and shadow other staff employed by the agency during their induction programme.

A record of the induction programme provided to staff is retained by the agency; three records viewed by the inspector detailed the information provided during the induction period. Staff who met with the inspector demonstrated that they had the knowledge and skills to fulfil the requirements of their individual job roles. It was noted that the registered manager is required to sign the induction record to confirm that staff have been assessed as competent.

The inspector noted that relief staff are accessed from another agency; the registered manager could describe the procedure for ensuring that any staff provided at short notice have the knowledge and skills to fulfil the requirements of the job role.

The inspector viewed staff profiles relating to staff provided from another agency and noted that they contained details of the staff members training, relevant experience and induction. Discussions with the registered manager and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the needs of the service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the registered manager. Service users and staff who spoke to the inspector felt that there were enough staff to meet the needs of individual service users.

The agency's supervision and appraisal policies outline the timescales and processes to be followed.

The inspector viewed three individual staff records and noted that a record of staff supervision and appraisal is maintained by the agency; records viewed and discussions with staff indicated that they receive supervision and appraisal in accordance with the agency's policies and procedures. It was noted that newly appointed staff receive additional supervision during their induction and probationary period. Staff could describe the benefits of individual supervision, group supervision and appraisal.

The agency has an electronic system for recording staff training; the registered manager could describe the process for identifying and highlighting training needs in conjunction with the organisation's training officer. It was noted that staff were required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. Staff were aware of their responsibility for ensuring that required training updates are completed. It was noted from records viewed that the agency has recently introduced an E-Learning programme for staff; they will be required to complete an identified training module on a monthly basis.

The inspector viewed that agency's staff training matrix and noted that it indicated that staff had completed relevant mandatory training. Staff who spoke to the inspector stated that they felt that their induction and training had equipped them with the required knowledge and skills for their role; they could describe the process for requesting additional training if required.

It was identified that all staff had completed competency assessments in the previous year following restructuring within the agency; staff could describe the benefits and in addition how the process had enhanced their skills and knowledge.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The registered manager could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation has recently updated their policy and procedures to reflect information contained within the policy. The registered manager could describe their role in providing updated training to the organisation's other registered managers in relation to the updated policy and procedures. The registered manager described the agency's process to provide information sessions for all staff in relation to the updated procedures; in addition it was identified that all staff have recently completed an E learning module in relation to adult safeguarding.

The agency has identified an Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key areas of responsibility which was noted to include the completion of an annual report relating to adult safeguarding. The policy clearly denotes that responsibility of the registered manager and the training manager in relation to adult safeguarding. The organisation has developed information booklets for staff and service users in relation to adult safeguarding.

The agency's policy and procedures clearly outline the process for staff in relation to reporting concerns. Discussions with the registered manager and staff demonstrated that they had a clear understanding of adult safeguarding issues and the process for reporting concerns. Staff had knowledge of the agency's whistleblowing policy. It was identified from training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition complete an annual update. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the registered manager and records viewed it was identified that

the agency maintains a record of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Documentation viewed and discussions with staff indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse and that the details of the outcome of any investigations are recorded.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The inspector noted that the agency's risk management policy outlines the process for assessing and reviewing risk; it outlines that risk assessments and management plans are required to be completed in conjunction with service users and where appropriate their representatives. It was noted that service users are supported to participate in an annual review involving their HSCT keyworker if appropriate and that care and support plans are reviewed annually or as required.

The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the agency's governance arrangements include an audit of risk assessments and any practices deemed to be restrictive.

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

Ten service user and six staff questionnaires were returned to RQIA; responses received indicated that the eight service users and six staff were satisfied that care provided is safe. One service user questionnaire was returned blank.

Service users' comments

- 'I am happy with my keyworker.'
- 'I like it here.'
- 'I feel safe here.'
- 'Staff are very pleasant.'
- 'If I am worried I speak to one of the staff.'

Staff comments

- 'Very safe; no issues.'
- 'Client management is first class.'
- 'Care is very good.'
- 'It is great working here.'
- 'Service users are safe and happy here.'
- 'I get supervision and appraisal; they are good.'

HSCT Representative's comments

- 'Staff are great at keeping us informed of any changes or concerns; I visit a few times per week.'
- 'My clients are happy here; they have choice and are encouraged to be independent.'
- 'I have no concerns, this is a good place.'

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

During the inspection the inspector reviewed the agency's arrangements for appropriately responding to and meeting the assessed needs of service users. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's data protection policy outlines the processes for the creation, storage, retention and disposal of records. It was identified from records viewed both prior to and during inspection that they were maintained in accordance with legislation, standards and the organisational policy. It was positive to note that issues identified during the previous inspection in relation to the organisation and storage of staff records had been satisfactorily addressed. Staff personnel records viewed at the organisation's head office prior to the inspection were retained securely and in an organised manner; records held in the agency's office were noted to be retained securely. The inspector noted that staff had received training in relation to record keeping and confidentiality during their induction programme.

Service users indicated that that they are encouraged and supported to be involved in the development of their individual care plans and that their choices are reflected. Staff could describe the procedure for ensuring that service users are effectively engaged in the care planning process. From care plans viewed it was noted that service users are required to sign their care plan to indicate that they have agreed the care to be provided.

There are arrangements in place within the agency to monitor, audit and review the effectiveness and quality of care delivered to service users. It was noted that the organisation has reduced the quality monitoring visits by a senior manager to quarterly; additional processes have been implemented to ensure that the relevant information continues to be collated and audited on a monthly basis. The inspector viewed the records of quality monitoring visits completed by a senior manager and the action plans developed; and noted that they indicated that the process is effective.

Records of quality monitoring visits viewed were noted to include comments made by service users, and where appropriate their representatives. The records included details of the review of accidents, incidents or safeguarding referrals, staffing arrangements, record keeping and financial management arrangements.

Service users' comments as recorded on quality monitoring reports

- 'Everything is going well in Ballyoan.'
- 'I am happy here; things are good.'
- 'Everything is good here, I have great friends; we have buns together.'

Staff comments as recorded on quality monitoring reports

- 'Everything is very positive here.'

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 with service users during the inspection indicated that staff communicate appropriately with service users. Service users could clearly describe the process for raising concerns or complaints.

The agency facilitates bi-monthly service user meetings; service users who met with the inspector indicated that they are encouraged to attend and given opportunity to express their views and wishes. It was identified that a range of standard items are discussed at all meetings, they include adult protection and health and safety. Staff meetings are facilitated bi-monthly; it was noted that staff are required to sign the minutes of the meetings to indicate that they have read and understood the areas discussed and the information provided.

The registered manager could describe a range of methods used to develop and maintain effective working relationships with the HSCT representatives and other relevant stakeholders. Discussions with a HSCT representative indicated that agency staff promote and encourage effective communication.

Ten service user and six staff questionnaires were returned to RQIA; responses received indicated that the eight service users and six staff were satisfied that care provided is effective. One service user questionnaire was returned blank.

Service users' comments

- 'I go out with staff sometimes.'
- 'Staff come in and give me my tablets.'
- 'I am doing alright.'
- 'I am happy nothing is worrying me.'

Staff comments

- 'We support tenants with their everyday activities.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to effective record keeping, audits and reviews, communication between service users and agency staff and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

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.

Discussions with service users and staff and observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. It was noted that staff have been provided with information relating to human rights and confidentiality during their induction programme.

Observations made by the inspector of staff interactions with service users during the inspection and discussions with staff, service users and a HSCT representative indicated that staff endeavour to provide care in a person centred manner and support service users to make informed choices. It was identified that the agency can provide a range of information in an alternative format to support service users to meaningfully engage in decisions about their individual care and support.

Service users could describe ways in which staff support them in making decisions regarding the care and support they receive. Records of service user and care review meetings reflected the involvement of service users and where appropriate their representatives; records viewed were noted to contain comments made by service users and other relevant stakeholders.

It was noted from records viewed that the agency has processes for recording comments made by service users and/or their representatives. Systems for effectively engaging and responding to the comments and views of service users and where appropriate their representatives are maintained through the agency's complaints process; quality monitoring visits; care review meetings; stakeholder and service user satisfaction surveys, service user meetings and annual family meetings. The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying required learning outcomes and areas for improvement.

Comments made by HSCT representatives as recorded on returned stakeholder questionnaires:

- 'I have four clients who reside in Ballyoan and find the quality and support provided of a high standard. Excellent communication and collaborative working with HSCT community mental health team (CMHT).'
- 'Staff are helpful and accommodating during visits to Ballyoan to review patients.'
- 'Excellent standard of care and seamless communication between our team and Ballyoan.'

During the inspection the inspector observed the agency's staff supporting service users to make choices regarding their daily routine and activities. Service users who spoke to the inspector stated that they could speak to staff at any time.

Ten service user and six staff questionnaires were returned to RQIA; responses received indicated that the eight service users and six staff were satisfied that care provided is compassionate. One service user questionnaire was returned blank.

Service users' comments

- 'Staff are helpful.'
- 'I feel staff listen; I can say what I want.'
- 'I have no worries.'

Staff comments

- 'A full time activities co-ordinator is required.'
- 'Tenants can come and go as they please.'
- 'Tenants have choices.'

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 of service users and where appropriate their representatives.

Areas for improvement

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; it was identified that the agency has robust systems of management and governance in place. The agency is managed on a day to day basis by a registered manager and a deputy manager; the manager could clearly describe the support and guidance received from senior managers within the organisation.

It was noted that the agency has a range of policies and procedures which are in accordance with those outlined within the minimum standards; they are retained both in an electronic format and in a paper format retained within the agency's office. Staff could describe the procedure for accessing the agency's policies and procedures; it was noted that staff are required to read and sign all new policies to indicate that they have understood the information provided. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales details within the minimum standards.

The agency has a systematic approach in reviewing information with the overall aim of improving safety and quality of life for service users.

It was identified from records viewed and discussions with the registered manager that the agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly and quarterly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy details the procedure for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was identified from discussion with the registered manager and records viewed that the agency has received one complaint since the previous inspection; records viewed indicated that the agency had managed the complaint in accordance with their policy and procedures. Service users who spoke to the inspector could describe the process for making a complaint; they stated that they are encouraged to raise any issues or concerns they have in relation to the care and support they receive.

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. During the inspection process the inspector viewed evidence of appropriate staff recruitment, induction, training, supervision and appraisal. The registered manager and staff could describe the benefits of reviewing the quality of the services provided and of identifying areas for improvement.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with relevant stakeholders, including HSCT representatives. From quality monitoring records viewed and annual stakeholder survey returns the inspector noted positive feedback received the HSCT representatives regarding the ability of the agency to work in partnership.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff had a clear understanding of the responsibilities and requirements of their job roles; service users were aware of staff roles and knew who to talk to if they had a concern. Staff demonstrated that they had an understanding of the agency's whistleblowing policy. Staff who met with the inspector stated that the manager is supportive; they could describe the process for obtaining support and guidance including the arrangements for out of hours.

The registered manager stated that all staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate; it was noted that a record is maintained by the HR department which records registration details and expiry dates. Discussions with the HR manager and the registered manager provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. It was good to note that an action plan developed following the previous inspection to address issues in relation to record keeping had been satisfactorily addressed. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

Ten service user and six staff questionnaires were returned to RQIA; responses received indicated that the eight service users and six staff were satisfied that the service is well led. One service user questionnaire was returned blank.

Service users' comments

- 'I talk to staff if I am worried.'
- 'Staff are very good.'

Staff comments

- 'I can go to the manager if worried about anything.'
- 'Good team here.'
- 'I feel supported and listened to.'

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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