



The Regulation and
Quality Improvement
Authority

Dunvale House
RQIA ID:10848
Duncreggan Road
Londonderry
BT48 0AA

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**Unannounced Care Inspection
of
Dunvale House**

5 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 05 May 2015 from 10.00 to 15.30. Overall on the day of the inspection the agency was found to be delivering safe and compassionate care; the effectiveness of care was found to be good however there was an area identified for improvement. 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

In light of concerns raised in an inspection on 20 October 2014 RQIA informed the responsible person of their intention to issue four Failure to Comply notices in respect of:

The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Regulation 13. (b)(d) Schedule 3

The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-

- (b) he has the experience and skills necessary for the work that he is to perform;
- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.

This related to the information received or retained by the agency relating to the staff members' employment history, training and experience prior to them being provided to work.

Regulation 16. (5)(a)

Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that-

- (a) a new domiciliary care worker ("the new worker") is provided with appropriately structured induction training lasting a minimum of three working days:

This related to staff provided to deliver care and support by MPA domiciliary care agency not having received appropriate induction.

Regulation 14. (d)

Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—

- (d) so as to ensure the safety and security of service users' property, including their homes;

This related to the agency's current arrangements for charging for personal care.

Regulation 14. (b)

Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—

(b) so as to safeguard service users against abuse or neglect;

This related to the agency's current arrangements for charging for personal care.

At a meeting at RQIA offices on 28 January 2015 the responsible person provided a full account of the actions taken and set out a clear timescale for the proposed arrangements to make the improvements necessary to achieve full compliance with the required regulations. RQIA did not issue the Failure to Comply Notices and were satisfied that steps had been taken by the agency to address the identified breach of Regulations.

At the meeting on 28 January 2015 RQIA discussed concerns in relation to the agency's current arrangements for charging for personal care. During the meeting the responsible person informed that correspondence would be forwarded to the Western Health and Social Care Trust outlining current charging arrangements.

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	0

The details of the QIP within this report were discussed with the Mr James Crossan, acting manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person:	Registered Manager: Mr James Crossan (Acting)
Person in charge of the agency at the time of Inspection: Mr James Crossan (Acting manager)	Date Manager Registered: 3 December 2012
Number of service users in receipt of a service on the day of Inspection: 16	

Dunvale House is a supported living type domiciliary care agency, situated in Londonderry. The agency offers domiciliary care and housing support to service users with enduring mental health difficulties. Dunvale House was opened in May 1994.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting good mental health and maximising quality of life. All referrals are made by the HSC trust mental health services.

Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

The service users have individual rooms and a range of shared facilities which includes a lounge; bathrooms and kitchen; the rooms are unfurnished as each tenant is encouraged to bring with them furnishings that are familiar to them and to decorate to their own taste.

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 acting manager
- Examination of records
- Consultation with stakeholders/Staff/Relatives
- File audit
- Evaluation and feedback

During the inspection the inspector met with four service users, four care staff, the acting manager, the inspector spoke to one professional and one relative.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection

The following records were viewed during the inspection:

- Two 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 meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal

- Complaints register
- Recruitment policy (January 2014)
- Pre- employment checklists
- Induction policy
- Supervision policy (July 2014)
- Staff register/ information
- Agency's rota information

Staff questionnaires were completed by 10 staff following the inspection; they indicated the following:

- Service users' views are taken into account in the way the service is delivered
- Staff are fully satisfied that the induction process prepared them for their role
- Staff are aware of the agency's whistleblowing policy
- Staff are fully satisfied that the care is delivered in a person centred manner
- Staff are satisfied that concerns raised are taken seriously
- Staff are fully satisfied that the views of service users are taken into account in the way services are delivered
- Staff are satisfied that at all times there is an appropriate number of suitably skilled and experience persons to meet the service users' needs

Service users' questionnaires were completed by five 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
- Service users feel safe and staff respond to their needs

One individual stated that "Staff have in depth knowledge of us and our thoughts and behaviours".

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 20 October 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 6.- (1)(b)</p>	<p>The registered person shall produce a written service user's guide which shall include-</p> <p>(b) the terms and conditions in respect of the services to be provided to service users, including details as 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 detail arrangements in place relating to staff accessing food whilst on duty in a service user's home.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that the agency's tenant's guide detailed the policy and procedure in relation to staff meals.</p>	Met
<p>Requirement 2</p> <p>Ref: 5.-(1) Schedule 1</p>	<p>The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as the "statement of purpose") which shall consist of a statement as to the matters in Schedule 1.</p> <p>This requirement relates to the registered person ensuring that the agency's statement of purpose is updated to include information relating to restrictive practice.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that the agency's organisational statement of purpose includes information relating to restrictive practice.</p>	Met

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

Is Care Safe?

The agency has a recruitment policy in place and a mechanism to ensure that appropriate pre-employment checks are completed. The agency maintains an alphabetical index of all domiciliary care workers supplied or available for supply for the agency. A record is maintained of those staff supplied on a temporary or short notice basis. The agency has a process for ensuring that staff supplied are physically and mentally fit for the purposes of their work.

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 the agency's staff. In addition staff receive an initial two week induction at the agency's head office. The agency maintains a record of the induction provided to all staff; records examined 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 regular supervision during their induction period and an evaluation record maintained.

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

The agency has policies and procedures in place for staff supervision and appraisal they 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 acting manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. Staff rotas viewed reflected staffing levels as described by the acting manager. 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 requirement of the job role. The inspector viewed the agency's staff rota for the forthcoming days and staff were allocated shifts as required. It was identified that staff rotas did not contain detail the full name of staff provided or clearly indicate the time of the shift. A requirement has been made and is stated in the quality improvement plan attached to this report.

Agency staff are provided with a job description which outlines the roles and responsibilities of their individual role. Staff could describe their roles and responsibilities and the process for reporting any training needs or concerns 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 details regular competency assessments completed with staff during the

induction period. The acting manager stated that staff are encouraged to highlight any concerns during supervision or at staff meetings. The acting manager stated that staff can contact them at any time.

Staff stated that they receive three monthly supervision and annual appraisal and that they are encouraged to highlight any training needs to their line manager at any time; this was confirmed by records viewed. The agency has a process to identify and respond to training needs; it was viewed by the inspector. The agency provides mandatory training to all staff and 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. The agency has a process for addressing unsatisfactory performance of staff.

Staff were aware of the whistleblowing policy and their responsibility in highlighting concerns.

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements and new staff. Concerns raised by service users and their representatives are discussed at monthly tenant and staff meetings.

Service users are provided with detail of staff being provided by the agency to support them; the agency retains a record of service users consent to staff providing their care and support. The acting manager could describe recent correspondence forwarded to service users and their relatives in relation to staff changes. Staff could describe the impact of staff changes on service users.

Induction records viewed indicated that staff receive induction and ongoing training specific to the needs of service users. Staff stated that they had the appropriate knowledge and skills to carry out their roles. Service users and relatives confirmed that staff provided have the knowledge and skills to provide care to meet the needs of individual service users. The agency has a process for addressing unsatisfactory performance of staff.

Staff described how their induction involved meeting service users and becoming familiar with their care and support needs; and the importance of respecting their privacy, dignity and choices. Service users stated that their privacy and dignity is respected at all times.

Service User Comments:

- "Staff are brilliant"
- "I can do what I want, I make my own choices"
- "Staff are very considerate; they would do anything for you"
- "I am happy with everything"

Staff Comments:

- "I receive three monthly supervision"
- "Training is really good"
- "Can approach the manager at any time"

- “The induction is great”
- ‘I like working here.’

Relatives’ Comments:

- ‘The service is good.’
- ‘I am happy with ***** living here.’
- ‘Staff are approachable.’

Professional comments:

- ‘I have no concerns about the service; they provide an excellent service.’
- ‘Staff facilitate me to meet with my clients at any time.’
- ‘Service users are supported to live as independently as possible.’

Areas for Improvement:

Overall on the day of the inspection the inspector found care to be safe and compassionate. The effectiveness of care was found to be good however there was one area identified for improvement; this was particular to the information contained within the agency’s staff rota.

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

It is required that the agency’s staff rotas are updated to ensure that the full name of staff to be provided is recorded and that time of shifts are clearly recorded.

Number of Requirements	1	Number 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 reflected the views and wishes of service users and/or representatives. The agency has in place a range of multi-disciplinary assessments provided by the referring HSC trust. Service users and their representatives stated that they are involved in the assessment of need and completion of their individual care and support plans and that their views and wishes are reflected. The agency has a restrictive practice assessment in place for individual service users.

There was evidence of positive risk taking in collaboration with the service user and/or their representative. Staff complete a restrictive practice risk assessment in conjunction with service users and their representatives; 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.

Is Care Effective?

Service users are encouraged to participate in an annual review of their care and support involving representatives for the HSC trust. 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 and views reflected. Service users stated that they meet on a regular basis with their identified keyworker within the agency. Care and support plans viewed detail the wishes, choices and routines of service users and contain information specific to the needs of individual service users. The agency's activities co-ordinator develops activities for individual service users specific to their needs and preferences.

The agency facilitates monthly tenants meetings with service users; records viewed indicate that service users are encouraged to express their views and opinions. In addition service users can attend a mental health focus group facilitated by the organisation under Apex's Community Involvement Strategy. The Focus groups are held twice yearly in May and November and the themes and policies for discussion/review are identified across the organisation. 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 documentation viewed indicates engagement with service users and 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, service users, relatives and a professional 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 they receive.

The acting manager described the agency's process for engaging with service users and their representatives were appropriate. Staff discussed examples of responding to service users' preferences; families described being consulted in relation to the care provided; records of monthly tenant meetings reflected the involvement of service users. Service users could describe the detail of the agreed care and support that they require from staff.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. Human rights were outlined in care plans the agency provides service users with information on human rights.

The acting manager described how the agency liaises with the HSC trust regarding best interest practices for service users where there may be capacity and consent issues. The agency's response to complaints and comments made by service users and their representatives shows how individual views are taken into account and responded to.

Staff comments:

- "Service users are given choice and their wishes respected"
- "Service users are encouraged to be involved in developing their care and support plans"
- "Service users are consulted in relation to what they want to do"
- "The service users decides who they want to attend their review meetings"
- "We encourage service users to discuss concerns with staff"

Relatives' Comments:

- "Staff are approachable; I can speak to them at any time"
- "The manager is very good"

Service User Comments:

- "I attend the tenants meetings "
- "We choose what we want to do and what we want to eat"
- "I am listened to"
- "I talk to my keyworker or the manager if I am not happy"
- "Staff are available 24 hours a day to help you"

Professional Comments:

- "Staff keep close contact with me"
- "Staff provide an excellent service"
- "Service users are encouraged to make their own choices and are consulted about everything"

Areas for Improvement

There were no areas for improvement identified in relation to Theme 2.

Number of Requirements	0	Number of Recommendations:	0
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5.3 Additional Areas Examined**5.3.1 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 where 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 issues, staff supervision and training needs. The agency's reports of monthly monitoring are comprehensive and provide assurance of a robust system of quality monitoring and service improvement.

5.3.2 Complaints

The agency has received a number of complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the acting manager. 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 adhered to.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr James Crossan, acting manager 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 Supportedliving.services@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: 5 July 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 details the full names of staff provided and that shift timings are clearly identifiable.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The agency's staff rota has been reviewed and amended to include the full names of the staff provided and clearly identifiable shift start and finish times.</p>

Registered Manager Completing QIP	Lorraine harkin	Date Completed	18.06.15
Registered Person Approving QIP	Ellen Hall	Date Approved	18.06.15
RQIA Inspector Assessing Response	Joanne Faulkner	Date Approved	24/06/2015

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

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to Supportedliving.services@rqia.org.uk from the authorised email address

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