

Unannounced Care Inspection Report 21 February 2019



Glanree House Supported Living Scheme

Domiciliary Care Agency
37 Patrick Street, Newry, BT35 8EB
Tel No: 028 3026 1300
Inspector: Joanne Faulkner

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

Glanree House Supported Living Scheme, is a supported living type domiciliary care agency, located in Newry. The agency provides care and support to enable service users to live in their own home. The care and support is provided by staff employed by the Southern Health and Social Care Trust (SHSCT).

Service users live in a combination of group living and in single occupancy accommodation. The agency operates a key worker system for all service users who are provided with support to maintain their tenancy, to develop independent living skills and to be involved in the local community. Specific services can include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and social activities.

3.0 Service details

Organisation/Registered Provider: Southern Health and Social Care Trust/Francis Rice	Registered Manager: Tracey Welch
Person in charge at the time of inspection: Deputy Manager	Date manager registered: 21 April 2017

4.0 Inspection summary

An unannounced inspection took place on 21 February 2019 from 10.00 to 15.30.

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 the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

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 and other relevant stakeholders;
- Effective engagement with service users;
- Staff induction;
- Staff supervision and appraisal;
- Quality monitoring processes.

No areas for improvement were identified during the inspection.

Comments made by service users and staff have been included within the report.

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 person in charge, staff and service users for their feedback, 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 the person in charge, 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 31 January 2018

Other than those actions detailed in the Quality Improvement Plan (QIP) no further actions were required to be taken following the most recent inspection on 31 January 2018.

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 and QIP
- 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 person in charge
- Examination of records
- Consultation with service users and staff
- Evaluation and feedback

During the inspection the inspector met with three service users, the person in charge and two staff members.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Reports of monthly quality monitoring visits
- Service user meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult protection matters
- Staff rota information
- Statement of Purpose
- Service User Guide

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

The inspector requested that a 'We missed you' card be displayed to provide details of the process for contacting RQIA if required; no responses were received.

At the request of the inspector, the person in charge 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; no responses were received.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

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

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 31 January 2018

The most recent inspection of the agency was an announced 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 31 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13.(d) Schedule 3 Stated: First time To be completed by:	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.	Met

Ongoing from the date of inspection	Action taken as confirmed during the inspection: It was identified from records viewed that the agency retains full and satisfactory information in respect of each of the matters specified in Schedule 3 for all staff.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 13.3 Stated: First time To be completed by: Ongoing from the date of inspection	The registered person shall ensure that staff have recorded formal supervision meetings in accordance with the procedures.	Met
	Action taken as confirmed during the inspection: It was identified from records viewed that staff have received formal supervision meetings in accordance with the procedures.	
Area for improvement 2 Ref: Standard 14.4 Stated: First time To be completed by: Ongoing from the date of inspection	The registered person shall ensure that written records are kept of suspected, alleged or actual incidences of abuse and include details of the investigation, the outcome and action taken by the agency.	Met
	Action taken as confirmed during the inspection: It was identified from records viewed that the agency retains details of suspected, alleged or actual incidences of abuse and include details of the investigation, the outcome and action taken by the agency.	
Area for improvement 3 Ref: Standard 5.6 Stated: First time To be completed by: Ongoing from the date of inspection	The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry. They are kept in a safe place in the service user's home, as agreed with the service user, or where appropriate his or her carer/representative.	Met
	Action taken as confirmed during the inspection: It was noted from records viewed that information had been recording in accordance with good record keeping guidance.	

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

The agency's staff recruitment process is managed by the Business Support Organisation (BSO); the inspector evidenced that information is forwarded to the manager prior to a staff member commencing employment confirming that all required checks have been completed. The person in charge provided assurance that staff are not provided for work until confirmation of pre-employment checks has been received.

Discussions with the person in charge identified that the agency has developed a process to 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 as detailed in Regulation 13 (d) Schedule 3 is in place for all staff.

Discussions with the person in charge indicated that the agency's induction programme is in excess of the three day timescale as required within the domiciliary care agencies regulations. Staff are required to complete initial induction and to shadow other staff employed by the agency. In addition the inspector noted that staff are required to complete corporate induction as an E learning module and complete an induction workbook.

The inspector viewed records of staff induction for one staff member who had been appointed since the previous inspection. Staff could describe the details of the induction provided which was noted to include shadowing other staff employed by the agency during their induction programme. Discussions with staff indicated that they had the knowledge and skills to fulfil the requirements of their roles.

Discussions with the person in charge 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 needs of the service users. It was identified that a number of the agency's current staff and HSC bank staff provide additional cover if required to encourage continuity of the service.

The inspector viewed the agency's staff rota information which was noted to reflect staffing levels as described by person in charge and staff.

The agency retains details of all staff employed and information relating to their registration status and expiry dates with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC) as appropriate. The person in charge stated that the registration status of all staff is monitored monthly by the manager; they provided assurances that staff are not supplied for work if they are not appropriately registered. In addition

registration status is discussed with individual staff at their supervision and appraisal meetings. Records viewed by the inspector indicated that staff were registered appropriately.

The agency's supervision and appraisal policies outline the timescales and procedures to be followed. It was identified that staff receive quarterly supervision and annual appraisal; a record of supervision and appraisal are maintained. Records viewed for four staff indicated that they had received supervision and appraisal in accordance with the agency's policies. The inspector noted from records viewed that a number of standard items including NISCC registration and training are discussed at the supervision meetings. It was identified that individual training and development plans are completed annual as part of the appraisal process.

Staff are required to complete required mandatory training in a number of areas and a range of training specific to the individual needs of service users. The agency has a system for recording staff training; staff could describe the process for identifying training needs and for ensuring that training updates are completed.

The inspector viewed that the agency's staff training information; it indicated that the majority of staff had completed relevant mandatory training. It was identified that outstanding training updates required to be completed by staff had been booked. Staff indicated that their training had equipped them with the required knowledge and skills for their job roles.

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC).

Staff who spoke to the inspector demonstrated that they had a good understanding of the process for reporting adult protection concerns. Staff are required to complete adult protection training during their induction and in addition two yearly thereafter. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding adults.

Service users who spoke to the inspector could describe what to do if they had concerns in relation to their safety or the care and support they receive.

Records viewed and discussion with staff indicated that the agency has a process for recording and retaining details of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the person in charge indicated that referrals made had been managed in accordance with their policy and procedures.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety.

It was identified that service users are supported to participate in a review involving their HSCT community keyworker at least annually and that care plans are reviewed on an annual basis or as required.

Care records viewed were noted to be retained in an organised and secure manner. The inspector viewed a range of risk assessments in place relating to individual service users.

The agency's office accommodation is located in the home of a number of the service users and accessed from a shared entrance. The office is suitable for the operation of the agency as described in the Statement of Purpose; it was noted that records were stored securely and that computers were password protected.

Comments received during inspection process.

Service users' comments

- 'I am happy with the help I get; I can choose what I want.'
- 'Staff are good and kind.'
- 'It is all fine.'
- 'Staff are very good to me.'
- 'Very nice staff; I let staff know if I am worried.'
- 'I am happy.'

Staff comments

- 'I feel service users are safe and have choice.'
- 'Supervision is worthwhile, we discuss issues and review service users support plans.'
- 'We promote the independence of service users.'
- 'I enjoy my work.'

Areas of good practice

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

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.

The agency's arrangements for responding to, assessing and meeting the needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide. Records viewed during the inspection were noted to be retained securely and presented in an organised manner.

Staff described how they support service users regardless of their needs or abilities to be effectively engaged in care planning and review processes.

The agency has processes in place for monitoring, auditing and reviewing the effectiveness and quality of care delivered to service users. The organisation has a system for the completion of monthly quality monitoring visits by the organisation's quality monitoring officer and a report is developed.

The inspector viewed the agency's reports relating to the monthly quality monitoring visits completed by the organisation's quality monitoring officer. Records viewed indicated that the process is effective in supporting the agency to identify areas for improvement; it was noted that an action plan is developed. The reports were noted to include a number of comments made by staff, service users, their relatives, and HSCCT representatives. They included details of the review of the previous action plan, review of complaints, accidents, incidents and safeguarding referrals; staffing arrangements, care records and practices deemed to be restrictive.

Comments recorded on quality monitoring reports

Service users' comments

- 'Staff help with cooking, we go shopping.'
- 'They help me a great deal.'

Staff comments

- 'Good staff team.'

Relatives' comments

- 'Best thing that has happened to *****, they are all lovely and I think this is a good place. Her keyworker is good and she is a lot happier.'
- 'I think it is a great place, staff are biddable and mannerly.'

The inspection reviewed the agency's systems to promote effective communication between service users, staff and relevant stakeholders. Feedback from service users and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate respectfully, effectively and appropriately with service users and in a compassionate manner.

The agency's Service User Handbook includes details of advocacy services that service users can access if required

Staff could describe a range of methods used to develop and maintain effective working relationships were appropriate with community HSCCT representatives and service user's relatives.

Service users stated that staff support them to be as independent as possible; it was noted from discussions with staff and service users and records viewed that appropriate support is provided to meet the individual assessed needs of each service user.

It was noted that service users meetings take place monthly; service users stated that they are supported to discuss any concerns. Minutes of meetings viewed were noted to include details of the views, choices and decisions made by service users.

Staff meetings are facilitated monthly; it was noted from minutes viewed details of matters discussed are retained.

Comments received during inspection process.

Service users' comments

- 'Staff help me with washing my bedclothes and making the dinner.'
- 'Staff help me go shopping and I can choose what I want.'
- 'I like to watch TV and I can do it anytime.'
- 'Staff help me with showering and shopping.'
- 'Staff help me with the cooking.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's auditing arrangements and the effective communication and engagement with service users and other relevant key 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?

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

The inspector assessed the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to the care and support they receive.

The agency's staff receive information in relation to human rights, equality and confidentiality during their induction programme. Discussions with staff and service users, and observations made during the inspection indicated that the promotion of values such as respect and choice were embedded in the ethos of the agency and in the way staff provide care and support. Staff have completed advocacy training.

Observations made during the inspection provided evidence that staff supported service user to complete tasks within their home and the local community.

It was positive to note that the agency has provided service users with information relating to human rights, advocacy and personal safety in an alternative format.

Individual service user care records viewed by the inspector contained information relating to the individual needs, choices and preferences of the service users.

Staff could describe the methods used for ensuring that the care and support is provided in an individualised manner; they discussed a range of methods used for effectively support service users in making informed choices. Service users described how staff support them to be involved in discussions relating to their care and daily routines; they stated that staff are helpful, supportive and caring.

A range of key information such as minutes of service user meetings is produced by the agency in an alternative format; this is to support service users in having a clear understanding of the information being provided. The inspector viewed a number of these documents during the inspection. Staff could describe how these documents have assisted them to support service users to be effectively engaged in decisions about their care.

The inspector discussed arrangements relating to the equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of individual service users in a safe, effective and compassionate manner.

Discussions with the service users, staff and the person in charge provided evidence that supports service users' 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
- Service user engagement and choice
- Adult Protection processes
- Equity of care and support
- Provision of care in an individualised manner.

Processes for effectively engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process, quality monitoring process, one to one keyworker meetings, care planning process, review meetings and service user meetings.

Records viewed and discussions with staff indicated that the agency has systems in place to record comments made by service users and where appropriate their representatives. Records of service user meetings and reports of quality monitoring visits indicated engagement with service users and where appropriate relevant stakeholders.

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.

Comments received during inspection process.

Service users' comments

- 'I go to church every week; staff come with me.'
- 'People help me.'
- 'Staff got me a raised flower bed and I love working with the flowers.'

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 ongoing engagement with service users 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

6.7 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 the agency's management and governance systems in place to meet the needs of service users. The agency is managed on a day to day basis by the deputy manager and senior support workers under the direction of the registered manager. Staff could describe the process for obtaining support and guidance at all times including out of hours 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 electronically and a number of key policies are retained in a paper format in the agency office.

The agency has systems in place for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Systems include the provision of relevant policies, monthly monitoring of staffing arrangements, complaints, accidents, practices deemed to be restrictive, adult safeguarding referrals and incidents notifiable to RQIA.

Discussions with the person in charge, staff and records viewed indicated that the agency's governance arrangements promote the identification and management of risk. There was evidence of ongoing collaborative working relationships with relevant stakeholders in relation to a range of matters.

The agency's complaints policy outlines the procedure for effectively managing complaints. Staff who spoke to the inspector had an understanding of the actions required to be taken in the event of a complaint being received. Service users could describe the process for raising concerns and accessing help from staff at any time.

The agency has a proforma for recording complaints received and actions taken. Records viewed and discussions with the person in charge indicated that complaints received since the previous inspection had been managed in accordance with the agency's policy. Complaints are audited on a monthly basis as part of the agency's quality monitoring process.

The agency has a system for recording compliments received; records were viewed by the inspector.

Compliments received:

- “Care and attention given to my relative is excellent.”
- “I find staff helpful and enthusiastic; staff ensure information is shared in a timely manner.”

Records viewed and discussions with the person in charge indicated that the agency has in place management and governance systems to monitor and encourage improvements in the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints and obtaining views of service users and relevant stakeholders. During the inspection the inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal.

The agency maintains records of all accidents and incidents including those reportable to RQIA; records viewed were noted to include details of the incident and the actions taken. It was noted that details of all incidents are reviewed by the deputy manager and in addition forwarded to the HSCT risk management department. In addition incidents are reviewed as part of the agency’s monthly quality monitoring process.

The organisational and management structure of the agency is outlined in the agency’s Statement of Purpose; it details lines of accountability. Staff had a clear understanding of the responsibilities of their job roles; they indicated that managers are approachable. There was evidence of effective and ongoing collaborative working with relevant stakeholders such as HSCT keyworkers and Psychiatrists.

Staff who spoke to the inspector could describe their responsibility in raising concerns and indicated that they had knowledge of the agency’s whistleblowing policy.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

Comments received during inspection.

Staff comments

- ‘We have a good team.’
- ‘I feel supported; seniors are approachable.’
- ‘I can raise concerns.’

Areas of good practice

There were examples of good practice identified 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.

	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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