

# Unannounced Care Inspection Report 30 January 2017



## Glanree House Supported Living Scheme

**Type of Service: Domiciliary Care Agency**  
**Address: Glanree House, 37 Patrick Street, Newry BT35 8EB**  
**Tel no: 02830261300**  
**Inspector: Joanne Faulkner**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Glanree House Supported Living Scheme took place on 30 January 2017 from 9.30 to 15.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care agency was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Delivery of safe care was evident on inspection. The agency has in place effective recruitment systems and aims to ensure that there is at all times an appropriate number of suitably skilled and experienced staff to meet the assessed needs of service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and on occasions collaborative working with Health and Social Care Trust (HSCT) representatives. There are systems in place to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. Service users indicated that they felt care provided to them was safe. No areas for quality improvement were identified during this inspection in relation to staff rota information.

### **Is care effective?**

Delivery of effective care was evident on inspection. The agency responds appropriately to meet the needs of service users through the development and ongoing review of individualised care plans. The agency has implemented systems for review and monitoring of quality, providing ongoing assurance of continuous improvement of services in conjunction with service users and where appropriate, their representatives. There are systems in place to promote effective communication with service users and stakeholders. No areas for quality improvement were identified during this inspection.

### **Is care compassionate?**

Delivery of compassionate care was evident on inspection. The inspector found that an ethos of dignity and respect and independence was embedded throughout staff attitudes and the provision of individualised care and support. From observations made and discussion with staff and service users it was noted that agency staff value and respect the views of service users. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a more fulfilling life. No areas for quality improvement were identified during this inspection.

### **Is the service well led?**

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. There are management and governance systems in place to meet the individual assessed needs of service users. Agency staff have an understanding of their roles and responsibilities within the management structure. There is evidence that the registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. No areas for quality improvement were identified during this inspection.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Tracey Welch, Manager (registration pending, 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 23 June 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Southern HSC Trust/Francis Rice	<b>Registered manager:</b> Tracey Welch- application received - "registration pending".
<b>Person in charge of the service at the time of inspection:</b> Tracey Welch	<b>Date manager registered:</b> Tracey Welch- application received - "registration pending".

### 3.0 Methods/processes

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

- Discussion with the manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Service users' care records
- Assessments of needs and 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 safeguarding of vulnerable adults
- Staff rota information
- Training and Development Policy
- Recruitment Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Disciplinary Policy
- Whistleblowing Policy
- Data Protection Policy
- Complaints Procedure
- Statement of Purpose
- Service User Guide

During the inspection the inspector met with one service user, the manager and three staff members.

Questionnaires were distributed by the inspector for completion by staff and service users during the inspection; no questionnaires were returned to RQIA.

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

#### 4.0 The inspection

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

Ten service users live in group living accommodation, nine live 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, dependent upon service users' needs, interests and wishes.

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

#### 4.1 Review of requirements and recommendations from the last care inspection dated 23 June 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 21.- (1)(a) Schedule 4 <b>Stated:</b> First time	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are- (a) kept up to date, in good order and in a secure manner;  This requirement relates to the registered person ensuring that the agency's staff rota details the full names of staff provided and that a key for abbreviations used is included.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed that agency's staff rota information and noted that it details the full names of staff provided and that a list of abbreviations used is included	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 13.3 <b>Stated:</b> First time	It is recommended that staff receive supervision in accordance with the agency's procedures and that a record is maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> During the inspection the inspector viewed records of staff supervision; records viewed indicated that staff had received supervision in accordance with the agency's procedures.	

#### 4.2 Is care safe?

During the inspection the inspector reviewed the staffing arrangements currently in place within the agency.

The agency's recruitment policy outlines the mechanisms for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment; it was identified that recruitment of staff is processed by Business Services Organisation on behalf of the Health and Social Care Trust (HSCT). The manager could describe the procedure for ensuring that staff are not provided for work until all necessary checks have been completed; they stated that outcome of the checks completed is retained by the Human Resources department.

The agency's training and development policy outlines the induction programme lasting at least three days which is in accordance with the regulations; it was noted from records viewed and discussions with the manager that all staff are required to complete induction and mandatory training.

The agency maintains a record of the induction programme provided to staff; records viewed by the inspector detailed the information provided during the induction period.

Staff stated that they felt they had the appropriate knowledge and skills to fulfil the requirements of their job roles. They could describe the format of their induction programme which included shadowing other staff members, meeting service users and becoming familiar with their care needs.

The manager stated that relief staff are accessed from the HSCT bank list and are required to complete the induction provided to permanent staff; they stated that staff are not accessed from another domiciliary care agency. It was noted that the agency retains staff profiles for relief staff. Staff could describe the impact to service users of frequent staff changes and the benefits of ensuring continuity of staff provided.

Discussions with the manager, staff and service users 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 assessed needs of the service users. The agency's staff rota information reflected staffing levels as described by the manager and staff.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. It was noted from information provided both during and following the inspection that the agency maintains a record of staff supervision and appraisal; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector indicated that supervision and appraisal meetings were beneficial.

The agency has a system in place for recording staff training; the manager could describe their role in identifying gaps and planning training. It was noted that staff are required to complete mandatory training and in addition training specific to the needs of individual service users. Training records viewed indicated that staff had completed appropriate training; the inspector discussed with the manager the need to ensure that training records are regularly updated to provide an accurate account of training completed.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. It was identified that the agency has in place a policy relating to the safeguarding of vulnerable adults. The manager could describe the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation is currently in the process of reviewing their policy and procedures to reflect information contained within the guidance.

The inspector reviewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the registered manager it was identified that the agency has made a number of referrals to the HSC Trust safeguarding team in relation to alleged or actual incidences of abuse; records viewed indicated that the agency had acted in accordance with their procedures. The agency retains a record of the outcome of the referrals.

The inspector noted that staff are provided with face to face training in relation to safeguarding vulnerable adults during their induction and in addition are required to complete an update every two years. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults; however it was identified that one staff member was required to complete a training update and a date has been arranged. Discussions with staff demonstrated that they had an understanding of safeguarding issues and could describe the process for highlighting and raising concerns; and had knowledge of the agency's whistleblowing policy.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Staff stated that they are required to involve service users in the completion of risk assessments and care plans. It was identified from records viewed and discussions with staff that care plans are reviewed monthly and that service users have an annual review involving their HSC Trust community representative. The inspector noted that individual risk assessments are in place and that the monthly governance arrangements include an audit of risk assessments and any practices deemed to be restrictive.

The agency's registered premises are located within the home of a number of service users; the premises are suitable for the operation of the agency as described in the Statement of Purpose.

### Service user comments

- 'I love it here.'
- 'Staff are very good.'

### Staff comments

- 'Few staff have been off but we get bank staff from the HSCT and they are familiar with the service users.'
- 'We get supervision and KSF; can be a forum to discuss things if you are unhappy.'
- 'It is good here.'
- 'The Band 5's can be swamped with paperwork.'
- 'Service users are safe.'
- 'Services users' quality of life is excellent.'

### Areas for improvement

No areas for improvement were identified during this inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

### 4.3 Is care effective?

The agency's arrangements for appropriately responding to and meeting the assessed 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.

The agency's data protection policy outlines the procedures for the creation, storage, retention and disposal of records. It was identified from a range of records viewed during the inspection



that they were maintained in accordance with legislation, standards and the organisational policy.

The inspector viewed a number of individual service user care plans; service users stated that they are involved in the development of their care plans. It was noted that staff record daily the care and support provided and that care plans are reviewed monthly.

Discussions with staff and records viewed indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users on a monthly basis. The inspector identified that monthly quality monitoring visits are completed by the HSCT monitoring officer and an action plan developed. Records viewed included the comments of service users, and where appropriate their relatives and relevant professionals. The records include detail of the review of accidents, incidents or safeguarding concerns and in addition audits of staffing, documentation and financial management arrangements are completed.

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 observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users could describe the process for reporting issues or complaints and stated that they can speak to staff at any time.

The agency facilitates tenants' meetings; service users indicated that they are encouraged to attend and provided with the opportunity to express their views and opinions.

The manager could describe ways in which the agency seeks to maintain effective working relationships with the other HSCT representatives and other stakeholders.

### **Service users' comments**

- 'XXXX is my keyworker; I like her.'
- 'Staff are helpful.'
- 'I have no problems here.'

### **Staff comments**

- 'We get good support from each other.'
- 'Service users are involved in care planning.'

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

## **4.4 Is care compassionate?**

During the inspection 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, support and life choices.



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. Staff could describe a range of examples of supporting service users to take positive risks to enable them to live a more fulfilling life and to promote their independence.

Observations of staff interaction with service users during the inspection indicated that care is provided in an individualised manner. Care plans viewed were noted to be completed in a person centred format; service users stated that they are encouraged and supported to be involved in making decisions regarding their care and support. Records of tenant meetings reflected the involvement of service users and were noted to record comments made by service user. The inspector identified that the agency provides a range of documentation in an easy read format.

The inspector noted that the views of service users and/or their representatives were recorded throughout a range of the agency's records. Processes to engage and respond to service users and relatives are maintained through the complaints and compliments processes; monthly quality monitoring visits; annual review meetings; stakeholder and service users' annual satisfaction surveys and tenants' meetings. It was identified that the agency has in place a system to assist them in evaluating the quality of the service provided.

Discussions with staff and service users and observations made during the inspection indicated that service users are supported to make choices regarding their daily routine and activities; service users who spoke to the inspector stated that staff treat them with respect.

### **Service users' comments**

- 'I love shopping; staff go out with me.'
- 'I am happy with everything.'
- 'I went to Dublin with some of the staff.'

### **Staff comments**

- 'Staff have a good rapport with service users.'
- 'Service users have choice.'

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

## **4.5 Is the service well led?**

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. The agency has in place a range of policies and procedures which are retained electronically; staff could describe the process for accessing access these records. The inspector viewed a number of the agency's policies and noted that they had been reviewed and updated in accordance with timescales details within the minimum standards; the manager stated that the organisation has a programme for continually reviewing policies.

Discussions with the manager and records viewed indicated 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 audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure for handling complaints; discussions with staff indicated that they have an understanding of the actions to be taken should a complaint is received.

The agency has in place management and governance systems to drive quality improvement; this includes arrangements for monitoring incidents and complaints. During the inspection process the inspector viewed evidence of staff induction, training, supervision and appraisal. Staff could describe the importance of identifying areas for improving the quality of the service provided with the aim of promoting positive outcomes for service users.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff could describe the details of their job roles and responsibilities. Service users were aware of staff roles and knew who to talk to if they had a concern. Staff indicated that the manager is approachable and could describe the process for obtaining guidance and support at any time.

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 reviewed as required.

### Service user comments

- 'If I am worried I speak to my keyworker.'

### Staff comments

- 'I feel supported in my role.'
- 'If I am worried I can talk to the deputy manager or the manager.'

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

## 5.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 @RQIANews