

Announced Care Inspection Report 31 January 2018



Glanree House Supported Living Scheme

Type of Service: Domiciliary Care Agency
Address: 37 Patrick Street, Newry, BT35 8EB
Tel No: 028 3026 1300
Inspectors: Joanne Faulkner
Marie McCann

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

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, dependent upon service users' needs, interests and wishes.

3.0 Service details

Organisation/Registered Provider: SHSCT/Francis Rice	Registered Manager: Tracey Welch
Person in charge at the time of inspection: Tracey Welch	Date manager registered: 21 April 2017

4.0 Inspection summary

An announced inspection took place on 31 January 2018 from 10.00 hours to 17.00 hours.

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

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to engagement with service users, the agency's quality monitoring process, and staff induction and appraisal.

Areas requiring improvement were identified in relation to staff supervision, adult protection, record keeping and records relating to the registration status of staff with the appropriate regulatory body.

Comments made by service users is contained 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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Tracey Welch, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 30 January 2017

No further actions were required to be taken following the most recent inspection on 30 January 2017.

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 and service users
- 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
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

During the inspection the inspectors met with the registered manager, three staff members and two service users.

The following records were viewed prior to and during the inspection:

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

Prior to and during the inspection the inspectors viewed a number of the agency's policies and procedures; those viewed were noted to be in accordance with regulations, legislation and minimum standards.

At the request of the inspectors, the registered manager was asked to display a poster within the agency's registered premises. The poster invited staff to provide feedback to RQIA regarding the quality of service provision via an electronic means; no responses were received. Questionnaires were provided for service users; no questionnaires were received prior to the issuing of this report.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

The inspectors would like to thank the registered manager, staff and service users for their support and co-operation during the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 January 2017

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

6.2 Review of areas for improvement from the last care inspection dated 30 January 2017

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

6.3 Inspection findings

6.4 Is care safe?

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

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

The agency's recruitment policy outlines the system for completion of staff pre-employment checks prior to commencement of employment. The agency's recruitment process is managed by the SHSCT Human resources (HR) department. The registered manager could describe the process for receiving confirmation that required pre-employment checks have been completed and that staff are ready to commence employment.

The agency's induction programme is noted to be in accordance with the timescale as required within the domiciliary care agencies regulations. The registered manager stated that staff are required to complete corporate induction during the initial induction period, a range of mandatory training and to shadow other staff currently employed by the agency; it was identified that the agency's corporate induction is now completed electronically.

The agency retains a record of the induction provided to staff; the inspectors viewed the induction records for three staff employed by the agency. The agency retains profiles for all staff supplied; the inspectors discussed with the registered manager the benefits of including staff registration status with appropriate regulatory bodies within these records.

Discussions with the registered manager, staff and service users, and observations made during the inspection indicated that staff had the appropriate knowledge and skills to fulfil the requirements of their job.

It was identified from discussions with the registered manager that the agency strives to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of the service users. The inspectors viewed the agency's staff rota information and noted it reflected staffing levels as described by the registered manager. The registered manager stated that levels of staffing can fluctuate due to the needs of the service users. The registered manager stated that relief staff are not accessed from another domiciliary care agency; relief cover is provided by the agency's regular staff or the SHSCT's bank staff.

The agency's staff operational procedures outline the timescales and procedures for staff supervision and appraisal. It was identified that the agency is required to provide staff with quarterly supervision and annual appraisal. From records viewed the inspectors noted that a record of the dates of staff supervisions and appraisals are retained on a matrix. It was noted that records of individual staff supervision available for inspection was not consistently reflective of the dates recorded on the matrix. From discussions with the registered manager and staff it was identified that a number of staff had not received supervision in accordance with the agency's policies and procedures. An area for improvement was identified.

Staff are required to complete induction training, a range of mandatory training and in addition training specific to the needs of individual service users. The inspectors viewed the agency's staff training matrix; records viewed indicated that staff had received training in accordance with the agency's policy relating to mandatory training. The registered manager could describe the process for identifying the training needs of staff and for ensuring that required training updates are completed.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The agency's policy was noted to be in accordance with the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The policy outlines the responsibilities of the Adult Safeguarding Champion (ASC) and the procedure for staff in relation to reporting concerns.

The agency has a process for maintaining a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Documentation viewed and discussions with the registered manager indicated that the agency has made a number of referrals in relation to adult protection since the previous inspection. Records viewed indicated that the agency has acted in accordance with its policy in relation to the referral of matters relating to adult protection; however the inspectors discussed with the registered manager the need to clearly record the actions taken and the outcomes of any referrals made. One area for improvement was identified.

Staff are required to complete safeguarding vulnerable adults training during their induction programme and a two yearly update; records viewed indicated that staff had received training in accordance with the agency's policy. Staff demonstrated that they had a good understanding of adult safeguarding matters and the process for reporting concerns.

The inspectors reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. It was noted from records viewed that the agency receives a range of relevant assessments and information relating to individual service users prior to them receiving care. The inspectors noted that on a number of occasions documentation had not been signed by staff or service users as appropriate. It was identified that staff had not consistently signed a record that they had amended. One area for improvement was identified.

Staff could describe how they support service users to be involved in the development and review of their care plans; care plans are reviewed and updated annually or as required. It was noted that staff record daily the care and support provided to service users. Service users stated that they are supported to participate in an annual review it was not evident from a number of records viewed that this process had involved their HSCT keyworker. The registered manager stated that she had raised this matter with the Head of service and that it is to be placed on the agency's risk register.

The agency's registered office are located on the ground floor of 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.

Comments received during inspection.

Service user comments

- "I love it here; this is my home."
- "I know who my keyworker is".
- "Can talk to staff if I am worried."
- "It is good here; staff are good to me."
- "I'm safe in here."

Staff comments

- "Service users are given choice."
- "The shift patterns have improved."
- "I got a great induction; it was a while ago."
- "We have enough staff."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's staff induction and appraisal.

Areas for improvement

Three areas for improvement were identified during the inspection in relation to staff supervision, record keeping and adult protection.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

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

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

The agency's data protection policy outlines the procedures for the creation, storage and retention of records. Records viewed by the inspectors during the inspection was noted to be retained in accordance with legislation, standards and the organisational policy. Records retained in the agency's office were noted to be maintained securely.

Service users stated that they are encouraged and supported to be involved in the development of their care plans. The agency request that service users sign their care plan to indicate that they have agreed to the care and support to be provided.

The inspectors reviewed the agency's arrangements to monitor, audit and review the effectiveness and quality of care provided to service users. The agency has implemented a system for monitoring the quality of the service monthly; it includes an audit by the HSCT's quality monitoring officer. Records viewed indicated that the process has sought to obtain feedback from service users, relatives and other relevant stakeholders in relation to the quality of the service provided.

Records of monthly quality monitoring visits viewed during the included details of the review of the agency's processes and an action plan. The records was noted to include details of the review of complaints, compliments, staffing arrangements, accidents, incidents or safeguarding referrals and practices deemed to be restrictive.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Discussions with staff and service users indicated that staff communicate appropriately with service users and provide care and support in a caring and respectful manner.

Staff who spoke to the inspectors indicated that they had an understanding of the individual needs of service users; they could describe the methods used to support service users to remain as independent as possible and to live a fulfilling life. Service users who spoke to the inspectors could describe the various ways in which staff support them to partake in a wide range of chosen recreational and social activities.

The agency aims to facilitate staff meetings; however it was identified that the meetings have not been occurring as regularly due to recent changes in the management arrangements. Records viewed indicated that a range of standard items are discussed at each meeting including staff training, policies and procedures, staffing arrangements and service user issues. Service user meetings are facilitated; records viewed indicate that they are convened on a monthly basis. Service users stated that staff encourage them to attend and that they are provided with the opportunity to express their views. Records of service user meetings were noted to include decisions made by service users in a range of areas.

Discussions with the registered manager and staff demonstrated that they endeavour to develop and maintain effective working relationships with the other HSCT representatives and relevant stakeholders. The inspectors viewed evidence of ongoing engagement between the agency’s staff and HSCT community keyworkers.

Comments received during inspection.

Service user comments

- “Staff support me with my shopping.”
- “Staff sign when I take my money out as I cannot sign.”
- “I am getting my bathroom done up.”
- “I am afraid of cooking; staff do it.”

Staff comments

- “I feel it would be good to discuss information relating to service users at the team meeting.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s auditing arrangements and communication with service users and 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?

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

The inspectors reviewed the agency’s ability to treat service users with dignity, respect and compassion and to engage service users in decisions affecting the care and support they receive.

Staff who met with the inspectors could describe how they support service users to be effectively involved in making informed choices and how they respect the views and choices made by service users. Discussions with service users and staff indicated that staff provide care and support in a manner that ensures values such as choice, dignity and respect are promoted. Staff who spoke to the inspectors demonstrated that they had knowledge of the needs of individual service users.

It was identified that the agency had systems in place to promote effective engagement with service users and where appropriate their representatives. The systems include the agency's monthly quality monitoring process; compliments and complaints process; keyworker sessions, annual care review meetings and tenant's meetings. The agency's monthly quality monitoring process was noted to assist in the evaluation of the quality of the service provided.

The agency has processes for obtaining and recording comments made by service users and where appropriate their representatives. Records of service user care review meetings, service user meetings and monthly quality monitoring reports viewed by the inspectors provided evidence that the agency endeavours to engage with service users and a range of stakeholders in relation to the quality of the service provided.

Service users who met with the inspectors indicated that they are supported to make decisions about their care and any activities they want to participate in. The agency has provided a range of information in an alternative format to support service users in understanding the information being provided.

Comments received during inspection.

Service user comments

- "I went to New York and I loved it."
- "I go to work four days per week; I get my own wage."
- "I do my own washing."
- "I go to the tenant's meeting."

Staff comments

- "Service users have choice."
- "**** goes out clubbing."

Areas of good practice

There were examples of good practice identified in relation to the agency's processes for engaging with service users and providing care in a caring and compassionate manner.

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 agency has systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The agency is currently managed on a day to day basis by the registered manager and a team of senior support workers; the deputy manager is currently on long term absence. Staff who spoke to the inspectors could describe the procedure for obtaining support and guidance if required including arrangements for out of hours support.

The agency policies and procedures noted to be in accordance with those as required within the minimum standards are retained in an electronic format. Prior to and during the inspection the inspectors viewed a number of the organisation's policies and procedures.

The agency's systems for auditing and reviewing information with the aim of promoting safety and improving the quality of service provided were reviewed. Documentation viewed and discussions with the registered manager and staff indicated that the agency's governance arrangements promote the identification and management of risk; these include the provision of required policies and procedures and the monthly audit of complaints, accidents, adult protection referrals, incidents notifiable to RQIA and any practices that may be deemed as restrictive.

The agency's complaints policy outlines the process for effectively managing complaints; discussions with staff indicated that they had knowledge of the actions required in the event of a complaint being received. Staff stated that they receive information relating to the management of complaints during their induction programme. Service users indicated that they knew how to make a complaint or raise a matter of concern. It was noted that the agency provides service users with information relating to the complaints process in an easy read format.

The agency retains a record of all complaints received. It was noted from discussions with staff and records viewed that the agency has managed complaints received in accordance with their policy and procedures. It was noted that the agency retains details of the outcome of any complaints received and also any relevant correspondence. The registered manager stated that they review the complaints on a monthly basis.

From records viewed and discussions with the registered manager it was identified that the agency has systems to monitor the quality of the service provided and to encourage improvement. They include systems for the monthly review of accidents, incidents, safeguarding referrals and complaints by the person completing the quality monitoring visit. During the inspection the inspectors viewed evidence of appropriate staff induction and appraisal.

The organisational and management structure of the agency is outlined in the agency's Service user guide. Staff had a good understanding of their job roles; it was noted that they are provided with a job description at the commencement of employment. Staff could clearly describe the process for raising concerns and 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.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives.

Staff supplied by the agency are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body. The agency retains a record of the registration status of staff. It was noted from records viewed that the details of two staff members was not recorded; during the inspection the registered manager obtained and provided evidence of the registration status of the two staff members. The registered manager stated that they are currently in the process of implementing a more robust system for recording and managing staff registration status; they provided assurances that the organisation's HR department also monitors the registration status of staff. The registered manager stated that staff are not supplied for work if they are not appropriately registered. An area for improvement was identified.

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

Comments received during inspection.

Staff comments

- "Things have improved since the registered manager has been based here."
- "The registered manager is approachable."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements.

Areas for improvement

One area for improvement was identified during the inspection in relation to the records relating to the registration status of staff with the appropriate regulatory body.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tracey Welch, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 13.(d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager will hold copy of Niscc certificate for all staff. the registered manager will check the staff renewal prior to date of renewal for confirmation they have paid fees and remain on register.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff will have supervision four times a year as per policy. Any outstanding for this year will be actioned before end april. Next years rolling schedule will commence in May followed by regular supervision every 3 months. A copy of this will be kept in staff file and managers supervision file.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.4</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>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.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A log of IR1 and APP1's are kept in a file. As part of monthly auditing registered manager will ensure all parts of the log are completed including any further outcomes/ action taken.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of</p>	<p>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.</p> <p>Ref: 6.4</p>

inspection	Response by registered person detailing the actions taken: At next staff meeting all staff will be reminded of good record keeping guidelines including single line through error and signed by staff. during supervision the registered manager will be reviewing support plans to ensure support plans have are being regularly reviewed any new information or assessments have been updated into support plan.
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Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews