

Unannounced Care Inspection Report 31 October 2019



Glanree House Supported Living Scheme

Type of Service: Domiciliary Care Agency
Address: Glanree House, 37 Patrick Street, Newry, BT35 8EB
Tel No: 02830261300
Inspector: Michele Kelly

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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 HSC Trust Responsible Individual(s): Mr Shane Devlin	Registered Manager: Ms 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 31 October 2019 from 09:30 to 14.45.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

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

Evidence of good practice was found in relation to:

- care reviews
- staff supervision and appraisal
- collaborative working
- registrations with Northern Ireland Social Care Council (NISCC)

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of restrictive practices, consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

No areas requiring improvement were identified during the inspection.

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	0	0

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 21 February 2019

No further actions were required to be taken following the most recent inspection on 21 February 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection report
- record of notifiable incidents
- all correspondence with RQIA since the previous inspection

A range of documents, policies and procedures relating to the service were reviewed during the inspection and referred to in the body of the report.

During the inspection the inspector met with three service users, the deputy manager, a visiting professional and two staff. Following the inspection the inspector had contact with a relative and two professionals.

At the request of the inspector, the deputy manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

The inspector requested that the deputy manager place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Ten questionnaires were also provided for distribution to the service users and their representatives; no responses were received.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

The inspector would like to thank the deputy manager, service users, and staff and professionals for their support and co-operation throughout the inspection process.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 February 2019.

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

6.2 Inspection findings

6.3 Is care safe?

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

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department. Discussion with the deputy manager identified that they were knowledgeable in relation to safe recruitment practices.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations. Staff who spoke to the inspector stated that they are required to shadow other staff members during their induction and probationary period. The inspector met a member of staff who provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by other staff members and the deputy manager.

The agency retains details of all staff 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 deputy manager stated that the registration status of all staff is monitored monthly; 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 inspectors indicated that staff were registered appropriately.

Staff confirmed that care is provided to service users by a core team to help provide continuity of care and develop trusting relationships. It is felt that this can have a positive impact on the service users' experience in accordance with their human rights. There were no concerns raised with the inspectors in relation to staffing levels although it was acknowledged that extra

staff on shift can enhance the quality of life of service users by offering greater choice in meaningful activities. A small cohort of bank staff support the staff team and the staff team themselves cover extra shifts regularly.

Examination of records indicated that a system is in use to ensure that staff supervision and appraisals are planned and completed in accordance with organisational policy. The inspector contacted the SHSCT bank office following the inspection to discuss arrangements to ensure bank staff can access mandatory training and supervision. The acting operational manager within the bank described systems of support for those staff supplied by the SHSCT bank and confirmed that all bank staff are required to attend mandatory training.

Discussions with the deputy manager and a review of the agency's safeguarding policy established that the agency have embedded the regional adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016 into practice. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. The inspector noted that records relating to safeguarding training completed by staff were up to date.

The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion (ASC) and their role. Staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability.

On the day of the inspection the inspector noted that the agency had made a number of safeguarding referrals since the last inspection on 21 February 2019; the referrals and records had been managed appropriately.

Staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal and adult safeguarding and staff knowledge in all areas including positive risk taking.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The review of service users care records identified that they were comprehensive and maintained in an organised manner. The records evidenced referral information, risk assessments, care plans and annual care reviews with the SHSCT representative.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care planned for service users or with changes to existing service users' care plans. Care plans were noted to be very person-centred and to clearly and concisely describe service users' needs. It was evident that human rights considerations were reflected in the assessments, reviews and care and support plans.

The staff who met with the inspectors demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their seniors and SHSCT professionals if any changes to service users' needs are identified. Staff discussed ongoing quality monitoring of service users' needs to ensure effective service delivery.

Staff also described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect. Staff outlined the methods used to ensure that service users are supported to be involved in the development of their care plans and daily activities.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users, their relatives and other key stakeholders.

Review of team meeting records indicated that meetings took place on a regular basis; the staff informed the inspector that they could contribute items to the agenda for these meetings. Staff indicated that the staff team are supportive to each other and that communication is good.

The inspector reviewed tenant committee meeting minutes which indicated that they took place on a regular basis and that tenants views were being heard and addressed. Items on the agenda included adult safeguarding, guidance on complaints, and activities.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, relatives, staff and SHSCT representatives

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

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

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

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on diversity and equal opportunities.

Discussions with the service users, deputy manager and staff provided evidence that the agency supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

Service users who wished to speak to the inspector were provided with privacy as appropriate. It was identified that staff receive awareness training in relation to equality, human rights and confidentiality during their induction programme. Discussions with staff, service users and a relative, observations made and records viewed during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care is provided. The agency has provided easy read information to service users relating to human rights, advocacy and adult safeguarding.

All those individuals who spoke to the inspectors described how service users can make choices about the care and support they receive and provided assurances that service users can refuse any aspect of their care. The inspector noted that each service user's file has a record which outlines specific details regarding communicating and working with the individual service user.

The service users and a relative who spoke to the inspectors indicated that service users have choice and stated that staff respects their views, wishes and choices. The relative stated that staff have supported their relative very well;

Comments made by relatives

- "I think XXX is being well looked after."
- "Staff have great patience."

The service users who spoke to the inspector could describe how they are supported to make decisions about the care and support they received. Some of the areas of equality awareness identified during the inspection include:

- effective communication

- promotion of effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- individualised risk assessment and care planning

Comments made by service users:

- “I like living here, I am well treated.”
- “I love it here, staff are good.”
- “I have good choice in my life.”

Staff described how they endeavour to provide the care and support in a person centred way; and the processes used for effectively supporting service users in making informed choices. Staff also discussed the value of developing rapport with service users, and the need to be mindful of their individual wishes and preferences.

Comments made by staff:

- “Most definitely tenants have a very good quality of life.”
- “We are able to meet all their needs.”

Comments made by professionals:

- “Staff are outstanding.”
- “There is a very good inter-agency approach.”
- “The deputy manager’s communication with case manager has been an excellent example of working collaboratively.”

The deputy manager invited the inspector to view a vacant room within the agency and it was clear that areas of this accommodation was in need of deep cleaning ,refurbishment and redecoration before a new tenant moves in. The deputy manager agreed to ensure these actions are taken.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to collaborative working listening to and valuing service users and taking account of the views of service users.

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 the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is currently managed on a day to day basis by a deputy manager and a team of care and support staff under the direction of a registered manager. Staff could describe the process for obtaining support and guidance at any time including out of hour arrangements.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed and risks reviewed accordingly. RQIA had been notified of any reportable incidents.

The agency has a range of policies and procedures which are retained in the agency's office and electronically, where staff can access them. The policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

Processes for engaging with and responding to service users comments were evident in monthly monitoring reports and in the consultations for the annual survey.

The agency's complaints policy outlines the process for managing complaints; discussions with the deputy manager and staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was noted that staff receive awareness training in relation to management of complaints during their induction programme. The service users and relative spoken to could describe the process for raising concerns; this indicated that service users/relatives have access to clear and fair processes for getting their views heard in line with their human rights and to raise and resolve concerns or complaints.

Discussions with the staff indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by a range of service managers and an action plan is developed if required. The monitoring officer has ensured that each quality monthly monitoring report includes audits and detailed findings obtained during the visit. The inspector commends this robust approach to monthly monitoring.

The deputy manager outlined efforts to promote quality improvement initiatives; planned interventions include strategies to improve recording and reporting arrangements within the service.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Observations of staff interaction with service users during the inspection, discussions with service users and staff provided evidence that staff communicate effectively with service users. The inspector noted that staff had received additional support and training to meet specific service users' needs.

Two professionals who emailed the inspector following the inspection commented:

- “The deputy manager’s personal level of commitment and genuine relationship building with my service user has undoubtedly promoted the service users quality of life and maintained the placement.”
- “I have always found Glanree supported living facility to be a warm and very homely setting, embracing and promoting the SHSC Trust values of Choice, Independence and Empowerment.”

Staff who spoke to the inspector confirmed that there had good working relationships with the management team.

The agency office is suitable for the operation of the agency as described in the Statement of Purpose (2019); it was noted that during the inspection records were stored securely and in a well organised manner. On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

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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