

Unannounced Domiciliary Care Agency Inspection Report 16 May 2016



Spelga Mews

6 Old Hospital Road, Banbridge, BT32 3GN:
Tel No: 028 4066 9070
Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Spelga Mews took place on 16 May 2016 from 09.30 to 13.30. The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Louise McConville 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no requirements or recommendations made as a result of the last care inspection.

2.0 Service details

Registered organisation / registered person: Fold Housing Association. Fiona Mc Anespie	Registered manager: Louise McConville
Person in charge of the agency at the time of inspection: Louise McConville	Date manager registered: 14 February 2013

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:
Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable events

During the inspection the following processes used include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with staff
- File audits
- Discussions with service users/relatives
- Evaluation and feedback

The following records were examined during the inspection:

- Ten care and support plans
- Health and Social Care (HSC) Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports for December 2015, January, February and March 2016
- Minutes of staff meetings for August 2015, December 2015 and February 2016
- Minutes of tenants/relatives meetings held in September 2015, November 2015 and February 2016
- Staff training records relating to:
 - Vulnerable adults*
 - Challenging behaviours*
 - Human rights*
 - Dementia awareness*
 - Equality*
- Records relating to staff supervision/Appraisal
- Complaints /Incidents records
- Induction procedure
- Staff rota information.

4.0 The inspection

Spelga Mews is a supported living type domiciliary care agency owned and operated as part of the Fold Housing Association. Fold is a not-for-profit voluntary housing association. Located at 6 Old Hospital Road, Banbridge, the agency provides care and support for 12 service users.

During the inspection the inspector spoke with the registered manager, six care workers and two service users and one relative. Their feedback has been included throughout this report.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA, six questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users, and or relatives. Five questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

Following discussion with the registered manager, staff and service users, there was evidence of outcomes for service users. This has been demonstrated by the agency throughout this report.

The inspector would like to thank the service users and agency staff for their warm welcome and full cooperation throughout the inspection process.

4.1 Review of requirements and recommendations from the most recent inspection dated 26 August 2015.

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. The inspector was advised by the manager that service users are introduced to, and advised of the names of staff that will be providing care and support; this information is also included in the statement of purpose and the service user's guide. Both documents were updated by the agency in September 2014 and were satisfactory.

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The inspector examined six care plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users and/or representative's views had been obtained and incorporated.

The agency has in place a written policy and procedure for the recruitment of staff. Records in place evidence the completion of pre-employment checks.

The agency has a structured staff induction programme which includes shadowing by an experienced staff member for all newly appointed staff, as well as induction of staff for short notice/emergency arrangements. One staff member currently on induction stated *"My induction is comprehensive and the other staff are being very supportive."*

The agency's induction standards are in line with the Northern Ireland Social Care Council (NISCC) standards for new workers in social care. One staff member stated *"The induction prepares you for the role."*

Induction records examined by the inspector include the following topics:

- Facilities and welfare
- Policies and procedures
- Communication
- Finances
- Courtesies
- The role of the care worker
- Training and development
- Company induction
- Induction reviews.

Records examined evidenced that staff have received core mandatory and other relevant training. Records of induction, including short notice procedures and including mandatory training, were retained within staff files reviewed. Staff confirmed that they have direct access to all policies and procedures which are held centrally within the agency. The manager reported that she undertakes supervision with senior staff who in turn supervises support staff. The inspector examined staff rotas for weeks ending 16 May 2016, 23 May 2016 and 30 May 2016 and was satisfied that the agency's staff resources meet service user needs. Discussions with the manager and staff indicated that an appropriate number of suitably skilled and experienced staff were available at all times.

Staff interviewed demonstrated an awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. Staff were aware of their obligations in relation to raising concerns about poor practice.

The manager stated that all suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed.

The two service users interviewed by the inspector stated that they felt safe and secure in their homes. Other comments included:

- “Staff are very good.”
- “Staff are helpful.”

Staff comments:

- “Induction and training is good.”
- “The staff keep the residents safe as they know them well and have a good knowledge of their care needs.”

Relative’s comments:

- “Staff are friendly and helpful.”
- “My *** is very well cared for here.”

Six returned questionnaires from staff indicated:

- Staff receive appropriate training for their role.
- Staff receive supervision and appraisal.

Staff comments:

Five returned questionnaires from service users indicated that:

- Staff are trained to meet our needs.
- The care they receive helps them feel safe and protected from harm.

Service users’ comments:

“The care in fold is second to none.”

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.3 Is care effective?

The service users interviewed by the inspector stated that they are aware of whom they should contact if there are any issues regarding their care. Both said *“The staff.”*

Service user records viewed by the inspector evidenced regular contact and feedback received from service users had been followed up. These records evidenced that the agency and the HSC Trust carries out care reviews with service users if changes to their needs are identified. The inspector noted a number of comments made by service users and relatives during their last reviews:

- “I’m happy and content.”
- “The family are happy with the care.”
- “The placement has had appositve impact on my *****.”

The agency maintains a daily contact record for each service user. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user.

The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions. Service users and their representatives are advised of independent advocacy services within the Service User Guide.

Staff interviewed provided examples to demonstrate how they promote service user independence, choices and respect. The service users interviewed were aware of whom they should contact if any issues arise regarding the service. The most recent monthly quality monitoring reports reviewed, evidenced that working practices are being systematically reviewed.

Staff confirmed that they worked very well as a team and that staff meetings are held on a regular basis.

Care records examined reflected individualised assessments and person centred care plans, including choice and preferences, dignity and respect recorded in a manner which promotes the interests of each service user. It was good to note that service users or their representatives are included in decision making regarding their care plan. Service users are also given the opportunity to comment on the quality of service.

Service user comments:

- “I have no concerns here.”
- “This is my home and the staff are like family.”

Staff comments:

- “We support the manager to ensure the residents are well supported with their care.”

Relative’s comments:

- “Excellent staff.”
- “I have no complaints, but can raise any concerns with the manager.”

Six returned questionnaires from staff indicated:

- Service users get the right care, at the right time and with the best outcome for them.

- There are systems in place to monitor the quality/safety of the service you provide

Staff comments:

- “Care is provided by caring empathic staff.”

Five returned questionnaires from service users indicated that:

- Staff are trained to meet our needs.
- They get the right care, at the right time and with the best outcome for them.

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care compassionate?

The agency’s Statement of Purpose and Service Users Guide reflects that staff will ensure that the beliefs and values of each service user are embedded in the day to day operation of the service. The staff described to the inspector that values form an important part of care provision including privacy, dignity, independence, choice, rights and fulfilment.

The service users interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff.

No concerns were raised regarding the staff treating the service users with dignity or respect. Service users, as far as possible, are offered choices and are encouraged to complete tasks themselves when appropriate. Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, relatives, professionals and staff. The agency’s reports of monthly monitoring provide assurance of quality monitoring and service improvement. The inspector recorded some comments by service users, relatives, and HSC Trust professionals:

Service user’s comments:

- “Happy to be here.”
- “I’m happy with the care received.”

HSC Trust comments:

- “No concerns.”
- “Happy with the service.”

Relatives' comments:

- "I can talk to staff about anything."
- "Staff listen to my concerns or queries."
- "Staff keep me well informed."
- "It's like an extended family."

During discussion with staff it was stated that:

- "The service is compassionate as we work well as a team to provide good care."
- "We listen to and support each individual resident."

Six returned questionnaires from staff indicated:

- Service users are treated with dignity and respect and involved in decisions affecting their care.
- That the people who use the service have their views listened to.

Five returned questionnaires from service users indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care.
- Their views and opinions sought about the quality of the service.

Relative's comments:

- "My mother is looked after with care and respect at all times."

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. The Statement of Purpose and Service Users Guide were satisfactory. Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency.

The policy and procedure manual was reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed, at least every three years, was not found to have been implemented as a number of policies sampled required updating. The registered person is recommended to ensure this area is addressed.

The service users interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews. One staff member stated: *"The manager is very easy to talk to and is always available to staff."* Another stated *"The manager has an open door policy."* *"***** is good and we are well supported."* *"***** is very fair to all staff."*

The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The agency had received three complaints during this period. The complaints received had been resolved satisfactorily. The agency has responded to all regulatory matters as and when required.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Incident records viewed demonstrated that appropriate action had been taken with staff on receipt of incident reports.

The inspector reviewed the monthly monitoring reports for December 2015 to April 2016. These reports evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards.

The care workers interviewed indicated that they felt supported by the manager and senior staff who were described as approachable and helpful.

Six returned questionnaires from staff indicated:

- The service is managed well.
- Were satisfied that quality monitoring is undertaken regularly for both staff/volunteers and people who use the service.

Five returned questionnaires from service users indicated that:

- Feel the service is managed well.
- They were satisfied that any concerns or complaints would be listened to and responded to.

Relative's comments:

- "Any time I have raised a concern (Few and far between) it has been dealt with quickly and managed well."

Areas for Improvement

The registered person should establish a system to ensure that policies and procedures are subject to a systematic 3 yearly review. This recommendation relates to a number of policies examined by the inspector during the inspection that require to be updated. The registered person should be aware of the risks associated with out of date policies.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Louise Mc Conville registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.2 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Agencies.Team@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan

Recommendations

Recommendation 1
Ref: Standard 9.5

Stated: First time

To be Completed by:
16 August 2016

The registered person should establish a system to ensure that policies and procedures are subject to a systematic three yearly review. This recommendation relates to a number of policies examined by the inspector during this inspection.

Response by registered person detailing the actions taken:

The Adult Safeguarding and Fall policies have been updated and issued. A policy and procedure group has been established and will meet quarterly to review and update policies in accordance with best practice and regulatory requirements.

Please ensure this document is completed in full and returned to Agencies.Team@rqia.org.uk from the authorised email address

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 person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



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
Web www.rqia.org.uk
 @RQIANews