



The Regulation and  
Quality Improvement  
Authority

Spelga Mews  
RQIA ID: 10881  
6 Old Hospital Road  
Banbridge  
BT32 3GN

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**Unannounced Care Inspection  
of  
Spelga Mews**

**26 August 2015**

The Regulation and Quality Improvement Authority  
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 26 August 2015 from 10.00 to 15.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. There were no areas for improvement identified during the inspection. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 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 can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Fold Housing Association/Mrs Fiona McAnespie	<b>Registered Manager:</b> Miss Louise McConville
<b>Person in charge of the agency at the time of Inspection:</b> Miss Louise McConville	<b>Date Manager Registered:</b> 14 February 2013
<b>Number of service users in receipt of a service on the day of Inspection:</b> 12	

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.

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and themes have been met:

**Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

**Theme 2: Service User Involvement - service users are involved in the care they receive**

#### **4. Methods/Process**

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

Prior to inspection the following records were analysed:

- Records of incidents notified to RQIA
- Inspection report of 7 October 2014 and quality improvement plan.

The agency had reported five incidents to RQIA since the previous inspection, one of which referred to medicines, three referred to accidents that had occurred in the homes of service users and one related to a behavioural incident. The inspector was satisfied that each incident had been reported to relevant authorities and handled appropriately and in conjunction with the HSC Trust.

During the inspection the inspector met with four service users, four care staff and with the relative of a service user. The inspector distributed questionnaires to staff and service users during the inspection and nine of these were returned by staff and three by service users following the inspection.

During the inspection the inspector requested details of the relatives of service users who would be willing to be contacted by the inspector for the purposes of obtaining their views on the quality of service provision. The inspector also requested contact details of HSC Trust professionals who are involved in the service.

The views of service users, agency staff, relatives and HSC Trust professionals have been incorporated into this report.

The following records were examined during the inspection:

- Staff duty rotas (current and previous)
- Induction, Supervision, Development and Competency Assessment Policy
- Whistleblowing policy
- Staff training records
- Recruitment and Selection policy
- Induction records
- Monthly quality monitoring reports
- Staff handbook
- Index of staff
- Care records
- Training records.
- Complaints records.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 7 October 2014. The completed QIP was returned and approved by the inspector.

### 5.2 Review of Requirements and Recommendations from the last inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 14 (e)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them;</p> <p>This requirement refers to the use of CCTV within the scheme. The registered person must develop a policy on the use of CCTV which takes into account the service users' privacy.</p> <p><b>Action taken as confirmed during the inspection:</b> The agency has included the use of CCTV within service users' care plans and have discussed this in the service users' meetings. CCTV signage has also been installed. The agency has a policy in place 'The Use of Close Circuit Television Monitoring Systems (CCTV) at Care Services Schemes.' The policy was examined and highlights privacy and dignity issues.</p>	<p><b>Met</b></p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 15 (2) (b) (c)</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This requirement refers to the specification of care and support hours available to each individual service user.</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> The agency's Service User Agreements were examined and reflected the amount of care and support available to each individual, in accordance with the individual's care/support plan. There were individual care/support plans available for inspection and these reflected the amount of service provision over the week and the tasks to be undertaken on a daily basis.</p>	
<p><b>Requirement 3</b> <b>Ref:</b> Regulation 14 (c)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided— (c) so as to promote the independence of service users;</p> <p>This requirement refers to ensuring that staff respond appropriately to service users who wish to leave their home independently.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The care records reviewed during the inspection provided detailed information for staff when supporting service users who wish or indicate their wish to leave their home. Person centred information regarding management of this was included.</p>	

<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<p><b>Recommendation 1</b> <b>Ref:</b> Standard 8.11</p>	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis.</p> <p>This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>This recommendation refers to the inclusion of the views of professionals aligned to the service within the monthly quality monitoring reports.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The reports of quality monitoring undertaken on behalf of the registered person were examined. These reflected regular consultations with relevant HSC Trust professionals.</p>	
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### 5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

#### Is Care Safe?

The agency's Recruitment and Selection Policy (June 2014) was examined and reflected the requirements of the regulations with regard to seeking satisfactory references, Enhanced Access NI disclosures, photographic identification and pre-employment health checks.

The agency maintains an alphabetical index of all staff supplied or available for supply. The index included the staff member's start date and their position in the agency. The staff index also includes a list of 'agency' staff and the inspector was advised that staff from other domiciliary care agencies are supplied infrequently. The records pertaining to the staff who had been supplied by two other agencies were examined and there was evidence that these had been obtained prior to the worker being supplied.

The agency's induction records were examined and reflected a structured induction lasting at least three days. The induction records of the staff supplied from other domiciliary care agencies also reflected a structured induction and additional induction for those individuals who had not been supplied for some time.

The agency's Use of Agency Staff policy was examined and included the arrangements for checking identification and obtaining confirmation of pre-employment checks prior to supplying the worker.

The inspector was advised that all staff have been issued with a handbook which includes information on conduct, behaviour and discipline, development opportunities, performance management, health, safety and welfare.

The agency's arrangements for supervision were contained within the Induction, Supervision, Development and Competency Assessment Policy which outlines the frequency of staff supervision. The policy also outlines the manager's responsibility for ensuring that supervision records are maintained and up to date.

The agency maintains a Performance Review (Appraisal) Policy which sets out the arrangements for staff to have their performance reviewed on an annual basis. The agency's appraisal recording template evidenced a range of objectives and key performance criteria being discussed. The staff member's training and development needs are also discussed during the appraisal meeting and objectives set.

The manager provided evidence to demonstrate that a record is maintained of staff supervision and appraisal, as outlined in the agency's policy.

## Is Care Effective?

The agency is managed by the registered manager and there are senior care staff and care staff who provide care and support to service users over the 24 hour period. A senior member of staff is available at all times on site. The agency's staff duty rotas reviewed during the inspection reflected the supply of staff to the domiciliary care service as outlined by the manager. The rotas evidenced that in addition to the senior member of staff, there are two support staff on duty during the day and two staff on duty at night. Eight of the nine staff who returned a questionnaire indicated that they were satisfied or very satisfied that there is at all times an appropriate number of suitably skilled and experienced staff to meet the needs of service users.

The use of staff from other domiciliary care agencies was discussed as it was evident that this had increased in the months following the previous inspection. The inspector was advised that the use of staff from other agencies had increased at a particular period due to sickness absence and that this had decreased significantly in the months prior to this inspection; the inspector noted that since January 2015, staff from other agencies had been supplied only twice. The inspector was also advised of a recruitment process which is underway for both senior and support staff.

A HSC Trust professional who contributed to the inspection indicated that staffing levels are adequate and that staff work effectively with service users, some of whom have complex needs. All of the staff who returned a questionnaire indicated that they were very satisfied that their induction process adequately prepared them for their role.

The induction records reviewed during the inspection included the staff member's Induction Training Plan which included training in the mandatory areas and the dates for the training. The induction record contained a One Month review. The agency has an Acting Senior Support Worker induction programme which includes training in medication administration and a range of other responsibilities. The induction records examined had been signed by the member of staff and the manager.

The agency's Whistleblowing policy (September 2014) was examined and is summarised within the staff handbook. Staff who participated in the inspection indicated their awareness of the policy and those who returned a questionnaire also confirmed this. However, not all of the staff who returned a questionnaire indicated that they satisfied that they would be taken seriously if there were to raise a concern. The inspector discussed this feedback with the manager following the inspection and was advised by the manager of a number of improvements underway in relation to internal communication processes. The manager also agreed to raise this matter with staff during supervision and during team meetings.

The agency maintains a summary of the dates that supervision is provided to staff. This reflected the provision of staff supervision in accordance with the timescales outlined in the agency's policy. Supervision recording templates were reviewed, one for senior staff, one for support staff. The templates evidenced that training needs are addressed during supervision, along with policies and procedures, staffing and supervision of staff, care and support planning.

The templates for support staff supervision includes identified training needs, performance individually and within the team and suggestions for quality improvement.

The inspector was advised that all supervisory staff have received training in the provision of supervision as part of their mandatory performance management training.

All of the service users who returned a questionnaire indicated that they were very satisfied that staff know how to care for them and how to respond to their needs. Service users also indicated that they were very satisfied that staffing levels are appropriate at all times.

### **Is Care Compassionate?**

Comments made by service users in relation to staffing arrangements had been documented in daily records, review records and in monthly quality monitoring reports. The agency's complaints records evidenced that since January 2014, two complaints had been received specifically in relation to the use of staff from other agencies. The inspector was encouraged to note however that the use of staff from other agencies has decreased significantly and that since January 2015, this has been necessary on only two occasions.

The inspector was advised and saw evidence of the continuity of care being achieved through the supply of the same staff continuously, through hand overs and through the allocation of each service user to a senior member of staff or 'key worker'.

The agency's induction policy highlights the practice of ensuring that the service users' consent to observe care practices is obtained prior to the new worker being introduced.

On the day of the inspection, staff were observed engaging with service users in a professional and sensitive manner. A relative who met with the inspector during the inspection provided very positive feedback in relation to the staffing arrangements and advised the inspector that they would not hesitate to approach staff or to provide comment on the quality of service provision.

The agency maintains a Discipline Policy and Procedure which sets out the arrangements for addressing conduct, attendance and performance matters. The agency also has a Performance Improvement Plans Policy which references the appraisal process and the discipline policy.

The agency's records of staff meetings were examined and reflected discussions with staff about their roles and responsibilities

### **Areas for Improvement**

There were no areas for improvement identified within this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Theme 2: Service User Involvement - service users are involved in the care they receive**

### **Is Care Safe?**

The inspector reviewed the agency's 'Development, Review and Ongoing Evaluation of Person Centred Care and Support Plans in Care Services Schemes' policy. This outlines the responsibility of the manager to ensure that each individual has an up to date care and support plan that reflects the views of the service user and their representatives, reflects multi-disciplinary involvements and the service users' agreement and consent.

There are standards outlined within the policy that refer to ‘How I wish to be cared for’ – as stated by the service user and to include clear direction on how they wish to be addressed. The care records examined and discussed with agency staff reflected a range of needs and risk assessments and the arrangements in place to manage assessed needs, in accordance with the wishes of the individual. Several service users were using assistive technology to promote their safety and independence and agency staff were able to demonstrate their awareness of the rights implications of these practices.

All of the service users who returned a questionnaire indicated that they were satisfied or very satisfied that their views and opinions are sought about the quality of the service.

### **Is Care Effective?**

The inspector was advised of the agency’s review of care plans standards which refer to review report being prepared, a review meeting scheduled in agreement with the service user, the views of the service users and their representatives documented, evaluation of any agreed actions, review of the care plan and whether it meets the needs of the individual.

A HSC Trust professional who contributed to the inspection stated that communication between agency staff and the Trust is effective and that staff bring to the Trust’s attention any issues in relation to the quality of service provision.

The agency maintains a Charter of Rights which references the service users’ right to independence, privacy, respect and the right to enjoyment of personal affairs including finances. All of the staff who returned a questionnaire indicated that they were very satisfied that service users receive care and support from staff who are familiar with their needs and that the views of service users are taken into account in the way the service is provided.

### **Is Care Compassionate?**

References to human rights were included within individual care records and the service users’ capacity to consent to care practices was also noted alongside the arrangements in place for multi-disciplinary input and ‘best interests’ in the event of capacity becoming a concern.

Service users who participated in the inspection were very complimentary about the staff and the inspector observed service users receiving individualised care.

All of the service users who returned a questionnaire indicated that they were very satisfied with the care and support received and that their views and opinions are sought about the quality of the service.

### **Areas for Improvement**

There were no areas for improvement identified within this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### 5.3 Additional Areas Examined

The agency's staff training records were examined and reflected uptake in training in all of the mandatory areas. Training had also been provided in first aid, diabetes management, human rights, end of life care, health and safety, equality, dementia awareness. Senior staff had received training in performance review.

**No requirements or recommendations resulted from this inspection.**

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	Louise McConville	<b>Date Completed</b>	14/10/15
<b>Registered Person</b>	Fiona Mc Anespie	<b>Date Approved</b>	14/10/15
<b>RQIA Inspector Assessing Response</b>	Audrey Murphy	<b>Date Approved</b>	15/10/15

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**