

Unannounced Care Inspection Report 1 September 2017



342 Ormeau Road

Type of Service: Domiciliary Care Agency
Address: 342 Ormeau Road, Belfast, BT7 2GE
Tel No: 02895042813
Inspector: Kieran Murray

www.rgia.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

This is a domiciliary care agency (supported living type) which provides personal care and housing support to up to 12 individuals who have experienced mental health difficulties. Service users receive support and care in relation to their daily living skills and emotional wellbeing and are encouraged to become more independent. The service users are consulted and involved in all decisions associated with their support. They are supported by 13 staff to develop independent living skills and to be involved in the local community.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Mr Martin Joseph Dillon	Registered Manager: Mr Padraic Oliver Fenlon
Person in charge at the time of inspection: Mr Padraic Oliver Fenlon	Date manager registered: 03/12/2011

4.0 Inspection summary

An unannounced inspection took place on 1 September 2017 from 09.20 to 16.15.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and 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:

- Staff recruitment
- Care reviews
- Training and development
- Supervision and Knowledge, Skills Framework (KSF)
- Professional body registrations

Areas requiring improvement were identified:

Availability of quality monitoring reports.

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	0

Details of the Quality Improvement Plan (QIP) were discussed with Mr Padraic Fenlon, 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.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 February 2017.

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
- record of complaints
- correspondence with RQIA.

During the inspection the inspector met with three service users, the registered manager, spoke to the operations manager, two senior support workers, two visiting professionals and one service users' representative.

The following records were examined during the inspection:

- Three service users' care and support plans
- Care review records
- Recording/evaluation of care records
- Monthly monitoring reports
- Staff meeting minutes
- Tenant meeting minutes
- Records relating to staff training, including induction training
- Records relating to staff supervision/appraisal
- Complaints records
- Incident records
- Records relating to safeguarding of adults
- Staff rota information
- Staff communication records
- Recruitment Policy
- A range of policies relating to the management of staff
- Supervision Policy
- Induction Policy
- Safeguarding Adults in Need of Protection Policy, 2016
- Whistleblowing Policy
- Data Protection Policy
- Statement of Purpose
- Service User Guide

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 February 2017

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

6.2 Review of areas for improvement from the last care inspection dated 7 February 2017

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with Regulation		
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1)(a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner.</p> <p>This requirement relates to the registered person ensuring that the agency’s staff rota information is updated to include the full names of staff provided and the timings of shifts.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of rotas confirmed that the agency’s staff rotas were updated with full names of staff and timings of shifts at the time of inspection.</p>	

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 inspector reviewed staffing arrangements during the inspection. The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and that these are satisfactory.

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; it was noted that staff should attend the Trusts Corporate Induction programme ideally within three months of commencement of employment. Staff stated that they are required to shadow other staff members during their induction and probation period. The induction procedures were reviewed by the agency in November 2015 and the updated versions are now in use for all staff. The inspector spoke to two staff that 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 registered manager.

On the day of the inspection the inspector was assured by the registered manager that staff do not require business insurance for their cars as they do not transport service users. The registered manager stated service users are promoted to be independent and use public transport.

Staff rotas and feedback from staff interviewed on the day of the inspection indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The registered manager advised the inspector that the agency uses a small number of bank staff who work for another supported living agency within the Trust and a small pool of staff from an employment agency which is also a domiciliary care agency to meet the needs of service users.

The registered manager provided the inspector with a detailed list of the domiciliary care agency staff, their photographic evidence and evidence of the induction programme provided to them.

The staff interviewed on the day of the inspection discussed staffing shortfalls, but they were aware that the registered manager was in the process of recruiting new staff.

Staff comments:

- 'Additional agency staff helps the rota'
- 'Interviewing for additional staff in progress'.

Examination of records indicated that a system to ensure that staff supervision and Knowledge Skills Framework (KSF) are planned and completed in accordance with policy has been maintained.

Staff who spoke to the inspector provided feedback that they had supervision and a Knowledge Skills Framework (KSF) assessment/review in line with policy and procedure; records provided to the inspector confirmed this. A detailed matrix of completed supervision and Knowledge Skills Framework (KSF) was available in the office.

The inspector observed evidence of staff's registration with both the Northern Ireland Social Care Council (NISCC) and Nursing Midwifery Council (NMC) in their personal files. The registered manager informed the inspector that the Trust emails alerts to staff when their registrations are due for renewal.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training matrix which indicated compliance with regulation and standards and the Trusts mandatory training.

Examination of training records indicated that staff have attended additional training e.g. Dual Diagnosis and First Line Management.

The registered manager informed the inspector that a list of staff's next of kin details are accessible 24 hours a day in the event of an emergency. The inspector noted these details in induction files.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the registered manager and 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 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 there had been six safeguarding referrals made since the previous inspection on 7 February 2017. These referrals were made appropriately in conjunction with the HSC Trust as evidenced by the inspector.

The inspector received feedback from staff which indicated that they are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency 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.

The inspector noted that some restrictive practices in respect of service users were noted in care and support plans. The restrictive practices were in relation to environmental safety within the service users' own bedrooms. The registered manager informed the inspector that these restrictive practices are reviewed weekly with the service user and three monthly with the multi-disciplinary team. On examination of the records this was evidenced by the inspector.

The inspector noted that evidence of review of service users' needs took place three to six monthly or as required. The agency carries out weekly reviews with service users and their key workers.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been no notifiable events to RQIA since the previous inspection on 7 February 2017.

The inspector noted that the agency had received no complaints since the last inspection on 7 February 2017.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, next of kin contact details, training, supervision and appraisal, adult safeguarding and risk management.

Of six questionnaires returned by staff, four indicated they were ‘very satisfied’ that care was safe and two indicated that they were ‘satisfied’ care was safe. No questionnaires were returned by service users.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose and Service User Guide.

The inspector reviewed three service users’ care and support plans. The inspector was informed that care and support plans are reviewed three and six monthly by multi-disciplinary and care management teams or sooner if required. These records evidenced that the agency carries out weekly reviews with service users. The inspector examined review documentation and the records were satisfactory. The agency maintains daily contact records for each service user.

Staff interviewed on the day of the inspection confirmed they were provided with details of care planned for each service user.

Feedback received by the inspector from staff and service users’ indicated that service users: have a genuine influence on the content of their care plans. The inspector had an opportunity to speak to one family member who was aware that they could attend reviews.

Service user’ comments:

- ‘I know all about my medication and review requirements’
- ‘Staff are brilliant’.

Relative's comments:

- 'Future looks brighter for my'
- 'Staff are more than good'.

Community keyworker's comments:

- 'Keyworkers do good work with my service user group'
- 'Holistic approach'.

On the day of the inspection the inspector noted that the agency has not maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. An area for improvement has been made in relation to the regulations.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users. The registered manager and staff described effective verbal and written communication systems with the staff team, including the use of a diary, and daily written and verbal handovers.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff as they wished and appeared to enjoy good relationships with staff.

Review of team meeting records indicated that team meetings took place on a regular basis; the registered manager and staff who spoke to the inspector verified this and staff also informed the inspector that they could contribute items to the agenda for these meetings. The inspector noted that staff was involved in the decision to have staff development days. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that staff communication is good.

Review of tenant meeting minutes by the inspector showed the views of service users are taken into account in planning and making decisions. Information was also shared at the tenants meetings in relation to positive steps training, safeguarding and fire safety procedures at 342 Ormeau Road.

Advocacy services were recorded in the Statement of Purpose for service users to contact if necessary.

The registered manager informed the inspector that desktop computers are available in the agency office for staff to use to access policies on the shared drive and on-line training.

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 and agency staff and other key stakeholders.

Areas for improvement

It was disappointing to note that the agency has not sustained compliance with the regulation in respect to monthly quality monitoring reports which are required to be completed.

Of six questionnaires returned by staff, two indicated that they were 'very satisfied' care was effective and four indicated that they were 'satisfied' care was effective. No questionnaires were returned by service users.

	Regulations	Standards
Total number of areas for improvement	1	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 inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff. Service users who wished to speak to the inspector were provided with privacy as appropriate.

The inspector was invited to visit service users in the communal areas of their homes. The inspector particularly noted displays of photographs which reflected service users enjoying social activities. Service users informed the inspector that bedroom fittings were chosen by themselves.

A service user described to the inspector how they could go and stay with their family as and when they choose.

It was evident that the agency staff and community keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

Feedback/observation from the service users indicated that staff have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that the agency had made particular efforts to facilitate service users to achieve goals and participate in activities of their choice.

The views of service users are recorded through the minutes of tenants' meeting. Tenant meeting minutes recorded discussions on a range of matters. The inspector also noted that tenant meeting minutes recorded discussions on how to make a safeguarding referral.

The inspector noted that a basket of fruit was donated to staff from family members for the support given to their service user.

Service users' comments:

- 'The staff are polite'
- 'Staff respect you.'

Relative comments:

- 'Staff are helpful'.

Community key workers comments:

- 'XXX stated that he found staff very helpful, good communication, staff team manage risk very well'.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

Of six questionnaires returned by staff, four indicated that they were 'very satisfied' care was compassionate and two indicated that they were 'satisfied' care was compassionate. No questionnaires were returned by service users.

	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 inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team. On the day of the inspection it was noted that no incidents had taken place since the last inspection, 7 February 2017. The agency had also managed all safeguarding referrals according to policy and procedure.

The agency operates a robust training system and has an appointed safeguarding champion who is available for consultation with staff on training and safeguarding issues.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure.

There are effective systems of formal supervision within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The registered person has not however maintained a system for evaluating the quality of the services provided by the agency in accordance with the legislation. The registered person is required to submit to RQIA reports of monthly quality monitoring undertaken until further notice.

The agency continues to seek feedback from carers via a questionnaire in relation to care and support provided to service users at 324 Ormeau Road. This questionnaire is sent out yearly and the outcomes are available in the office for service users, carers and family to view.

An annual report is completed by the registered manager and is available on the noticeboard within the agency.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

Service users' comments:

- 'Any problems I'd go to XXX the boss'.

Staff comments:

- 'Manager is good at training and documentation'
- 'Manager is flexible'
- 'Regularly struggle to adequately staff service. Often due to staff sickness/other reasons outside of management control'.

Relative comments:

- 'Allowed to bring round a television last night'.

Community keyworker's comments:

- 'Good manager approach'
- 'Good service user management'.

Of six questionnaires returned by staff, two indicated they were 'very satisfied' that the service was well led, two indicated they were 'satisfied' the service was well led and two indicated that they were 'unsatisfied' that the service was well led. No questionnaires were returned by service users.

The inspector made contact with staff on receipt of questionnaires to clarify their 'unsatisfied' responses and there were no new issues from those already noted in the inspection i.e. staffing levels. Staff commented on the absence of quality monitoring visits

Areas of good practice

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Mr Padraic Fenlon, 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 to Agencies.Team@rqia.org.uk/via Web Portal/to RQIA office for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

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 23 (2)(3)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and on-going</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the service which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding-</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p>
	<p>Response by registered person detailing the actions taken: 342 Ormeau Road Supported Living Scheme Manager has devised and implemented a Monthly Quality Monitoring Protocol that will ensure consistency of approach in relation to the schemes required monthly quality monitoring under regulation 23 of the Domiciliary Care Regulations.</p> <p>BHSCT Operational Management have identified appropriate professionally qualified staff to carry out the required monitoring's, and a rota for this is in place until December 2018 when it will be reviewed again for the forthcoming year. See below protocol:-</p> <p>342 Ormeau Road is required under regulation 23 of the Domiciliary Care Agencies Regulations Northern Ireland 2007, to maintain a system for evaluating the quality of care and support services on a</p>

monthly basis. Monthly Quality monitoring must be completed within the first calendar week of every month. The specific monitoring date should not be disclosed to the Supported Living Scheme.

The professional/responsible person for carrying out the monthly quality monitoring is aware that it is essential that quality monitoring is carried out in a timely manner.

Where the responsible person is unable to complete the monitoring as planned they will inform the Operational Manager who will delegate the responsibility for the monthly quality monitoring to another professional. Completed quality monitoring reports should be sent to Padraic Fenlon -342 Ormeau Road Manager by email on the day of monitoring for forwarding to the RQIA.

This protocol will be reviewed on an annual basis, every December and monitoring inspections will be planned for the following year as agreed with Operational Management.

****Please ensure this document is completed in full and returned via Web Portal***



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