

Unannounced Care Inspection Report 13 February 2019



342 Ormeau Road

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

www.rqia.org.uk

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

342 Ormeau Road is a domiciliary care agency supported living type located in the Belfast Health and Social Care Trust area which provides personal care and housing support to 12 service users with mental ill health, dual diagnosis and complex needs. The service users are supported by up to 15 staff.

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: 3 December 2011

4.0 Inspection summary

An unannounced inspection took place on 13 February 2019 from 09.30 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 inductions and training
- care reviews
- supervision and staff development reviews
- professional registrations with Northern Ireland Social care council (NISCC)
- management of complaints
- management of incidents

No areas requiring improvement were identified during this 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 Mr Padraic Fenlon, Registered 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 1 September 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 1 September 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 and quality improvement plan (QIP)
- record of notifiable incidents
- record of complaints
- correspondence with RQIA since the previous inspection

During the inspection the inspector met with four service users, the registered manager, deputy manager, area service manager, three staff, one visiting consultant psychiatrist, one visiting care manager and one service users' representative.

The following records were examined during the inspection:

- Four service users' care and support plans
- Service users' care review records
- Health and Social Care Trust (HSCT) assessments of need and risk assessments
- Record/evaluation of care records
- A sample of monthly quality monitoring reports
- A sample of staff meeting minutes
- A sample of family and carer meeting minutes
- Records relating to staff training, including induction training
- Records relating to staff supervision
- Records relating to staff development reviews
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- A range of policies relating to the management of staff
- Safeguarding adults in need of protection policy
- Whistleblowing policy
- Data Protection policy
- Statement of Purpose
- Service User Guide

The registered manager was asked to distribute 10 questionnaires to service users/family members. The questionnaires invites service users/family members to give their views on whether the agency is providing safe, effective, compassionate and well led care. Three completed questionnaires were received post inspection.

At the request of the inspector, the registered manager was asked to display a poster prominently within the agency’s registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Two completed responses were received post inspection.

The responses received will be reflected in the body of the report.

The inspector requested that the registered manager place a ‘Have we missed you?’ card in a prominent position in the agency to allow service users, and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received post inspection.

An RQIA information leaflet ‘how can I raise a concern about an independent health and social care service’ was also provided to be displayed in the agency.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 1 September 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 dated 1 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 23 (2)(3)</p> <p>Stated: First time</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,</p>	<p>Met</p>

	<p>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>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that monthly monitoring reports were completed and were available and up to date at the time of inspection. The agency had submitted monthly monitoring reports to RQIA following the previous inspection. These have now ceased to be provided as directed by RQIA.</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 mechanism in place to ensure that appropriate pre-employment checks are completed prior to staff commencing work and 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. Staff stated that they are required to attend a Trust corporate induction programme and that they shadowed other staff members during their induction. The inspector spoke to three 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.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The registered manager and staff advised the inspector that the agency uses a small number of bank staff who currently work for the agency and staff from the Trust supported living agency bank. In addition the agency also uses a small pool of staff from an employment agency which is also a registered 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 their Northern Ireland Social Care Council (NISCC) registration, training and the induction programme provided to them.

It was positive to note that the agency completed a whiteboard outlining the staff on duty for a seven day period which included day shifts, wakened night shifts and sleepovers.

Service users' comments:

- "The staff are good and always available day or night."

Relatives' comments:

- "The environment is very safe."
- "XXX is being well looked after."

Staff comments:

- "I found my induction very supportive."
- "There is out of hours support from a senior manager."

Community keyworker comments:

- "The service users are stable in 342."

Examination of records indicated that a system to ensure that staff supervision and staff development reviews are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and staff development reviews in line with policy and procedure; records provided to the inspector confirmed this.

The registered manager outlined to the inspector the alert mechanism in place from the Trust to ensure that all staff have maintained their NISCC and Nursing and Midwifery Council (NMC) registrations.

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 records which indicated compliance with regulation and standards. There was evidence that staff have attended training additional to that stated in the minimum standards e.g. Human Rights, Capacity and Consent, Wellness Recovery Action Plan (WRAP) and Mental Health Order 1986 training.

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) that was in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. 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 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 completed a number of safeguarding referrals since the last inspection on 1 September 2017 and that they had been managed appropriately. Staff were aware of the Adult Safeguarding Champion and their role.

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.

Discussions with the registered manager confirmed that one practice which was deemed restrictive was in place to support a service user. The practice implemented was of the least restrictive nature considered necessary in conjunction with the service user, representatives and HSCT community trust professionals and had been reviewed regularly and evaluated.

The inspector noted that evidence of review of service users' needs took place on a six monthly basis or sooner as required.

On the day of the inspection the inspector reviewed the reporting and management of incidents within the agency. It was noted that a number of accident/incidents had taken place since the last inspection 1 September 2017. The inspector examined these records and found that the agency had dealt with them in accordance with its procedure and policy.

The inspector noted that the agency had received a number of complaints since the last inspection 1 September 2017 and that these complaints were managed in accordance with the agency's policy and procedure. The inspector noted the complainants were fully satisfied with the outcomes.

Of three questionnaires returned by service users/relatives, two indicated that they were 'very satisfied' that care was safe and one indicated that they were 'satisfied' that care was safe. Of two responses returned by staff, both indicated they were 'satisfied' that care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, supervision and staff development reviews, training, adult safeguarding and risk management, management of incidents/accidents and complaints.

Areas for improvement

No areas for improvement were identified in this domain 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 (2019) and Service User Guide (2019). However, the inspector noted that the Statement of Purpose and Service User guide did not contain details on independent agencies/advocacy to support service users in completing a complaint and some contact details required updating. The registered manager updated the Statement of Purpose and Service User Guide on the day of the inspection to include all relevant information and contact details.

The inspector reviewed four service users' care and support plans. The inspector was informed that key workers review care and support plans weekly with the service user and a monthly multidisciplinary review takes place. The registered manager advised the inspector that Promoting Quality Care (PQC) reviews take place on a three monthly basis and Care Management reviews take place on a six monthly basis. The inspector examined reviews in place and the records were satisfactory.

The inspector noted that the Consultant Psychiatrist aligned to the agency visits on a two weekly basis to review service users.

The agency maintains daily electronic contact records for each service user.

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

Staff informed the inspector that a reflective practice group took place each month with a clinical psychologist from the Trust in order discuss or improve on how staff can support the needs of service users.

Feedback received by the inspector from staff and the service users' representatives indicated that service users have a genuine influence on the content of their care plans.

Service Users' comments:

- "I have a review with my manager."

- “I go to tenant meetings once a week.”

Relatives’ comments:

- “I wanted my XXX to come here for his wellbeing.”
- “I speak to the key worker at different times, they keep me updated.”
- “I got an apology from the manager for a previous issue.”

Staff comments:

- “There is good team work.”
- “There is a vision for a change in the rota during April.”

Community keyworker comments:

- “The quality of staff in 342 is good, good skill mix.”
- “Anytime I get a service user a tenancy in 342, I think this is great.”
- “The recovery model is well embedded in 342.”

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service.

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users’, staff, relatives as appropriate and community keyworkers, and progress on improvement matters.

The inspector noted the following comments made by a relative and community keyworker during quality monitoring visits:

Relative comment:

- ‘Lovely place, great location.’

Community keyworker comments:

- ‘Feel staff have therapeutic interactions with service users.’

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users’. The staff described effective verbal and written communication systems within the staff team, including the use of a diary 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 speaking with service users routinely 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 monthly 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 staff who spoke with the inspector indicated that the staff team is supportive to each other.

Review of the tenant meeting records indicated that tenant meetings took place on a weekly basis. The inspector noted that tenants were updated on issues such as repairs and menu planning.

The inspector examined the Tenant Questionnaires 2017/2018 and noted positive results in the questionnaire returns. The annual quality report 2017/2018 was available in the foyer of the agency.

Advocacy services were recorded in the Statement of Purpose and Service User Guide and in different locations throughout the agency.

Of three questionnaires returned by service users/relatives, two indicated that they were 'very satisfied' that care was effective and one indicated that they were 'satisfied' that care was effective. Of two responses returned by staff, both indicated they were 'satisfied' that care was effective.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

The 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.

A service user described to the inspector how they were able to make their own meals as and when they liked and other service users outlined the social activities they liked to avail of in the local community.

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 and family 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.

Service users' comments:

- "I have put up my own pictures in my room."
- "I do my own shopping."

Relatives' comments:

- "The staff are courteous."

Of three questionnaires returned by service users/relatives, three indicated that they were 'very satisfied' that care was compassionate. Of two responses returned by staff, both indicated they were 'satisfied' that care was compassionate.

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 in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of established management and governance 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. Feedback from staff indicated that they are confident that managers would listen and respond to their concerns. In addition staff could describe how they would respond to concerns about performance of a colleague and where aware how to access the whistleblowing policy.

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.

The agency maintains a comprehensive range of policies and procedures. Policies and procedures are maintained on the electronic system and accessible to all staff. However, the inspector noted that the disciplinary policy and adult safeguarding policies were out of date. The inspector has been given assurances that these would be addressed by the registered manager and area services manager.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager could discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- individual risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the referral information received from the HSCT.

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.

Relative comments:

- “I would absolutely recommend 342.”

Staff comments:

- “The management is supportive.”
- “Management support career development.”

Community keyworkers comments:

- “The registered manager knows about everything that is happening in the agency.”

Of three questionnaires returned by service users/relatives, three indicated that they were ‘very satisfied’ that the service was well led. Of two responses returned by staff, one indicated they were ‘very satisfied’ that the service was well led and one indicated that they were ‘satisfied’ that the service was well led.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain 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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