



The Regulation and
Quality Improvement
Authority

Salisbury House
RQIA ID: 10950
30 - 34 Queen Street
Ballymena
BT42 2BD

Inspector: Michele Kelly

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**Announced Care Inspection
of
Salisbury House**

21 March 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced care inspection took place on 21 March 2016 from 09.45 to 13.30 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. 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
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the registered manager Elaine Calvert as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern Health and Social Care Trust/Anthony Baxter Stevens	Registered Manager: Elaine Calvert
Person in Charge of the Agency at the Time of Inspection: Elaine Calvert	Date Manager Registered: 4 June 2009
Number of Service Users in Receipt of a Service on the Day of Inspection: 354	

Salisbury House is a domiciliary care agency which has recently moved premises to Ballymena Health and Care Centre. The agency which is part of the Northern HSC Trust provides a range of services to 354 people in their own homes in the mid Antrim area. The agency provides services to: older people; those with mental health needs; those with physical and learning disabilities; and children.

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 have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned Quality Improvement Plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report

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

- Discussion with the registered manager
- Consultation with three care workers
- Examination of records
- File audits
- Evaluation and feedback

The following records were examined during the inspection.

- Four care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Three monthly monitoring reports
- Staff training records
- Records relating to staff supervision and appraisal
- Two complaints records
- Four compliments records
- Two staff meeting minutes

The inspector left 10 questionnaires to be distributed to staff. It is disappointing that no questionnaires were returned to RQIA by agency staff. On the day of inspection the inspector met with three care staff to discuss their views regarding care provided within the agency, staff training and staff's general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report.

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users and four relatives, on 8 February 2016, to obtain their views of the service. The service users interviewed live in Ballymena and surrounding areas, and receive assistance with the following:

- Management of medication
- Personal care
- Meals

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 14 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (6)	<p>The registered manager is required to expand their 'Handling Service Users' Monies' procedure to include staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping.</p> <p>Action taken as confirmed during the inspection: The inspector viewed the document "Handling Service Users' Money; Guidance for Homecare Staff" which provided guidance on emergency shopping for occasional shopping tasks outside of care plan tasked shopping. This matter was also included in a newsletter issued to homecare workers in December 2015.</p>	Met

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Minimum Standard 12.3	The registered manager is recommended to ensure all staff is provided with manual handling update training in line with best practice guidance. (Restated from 4 February 2014)	Met
	Action taken as confirmed during the inspection: The inspector viewed records indicating 23 staff have not received manual handling update training in line with best practice guidance. All of those 23 staff are scheduled to have training in this area during March, April and May 2016. All staff have viewed the Manual Handling Back Care DVD.	
Recommendation 2 Ref: Minimum Standard 8.17	The registered manager is recommended to ensure all management staff complete outstanding update training on mandatory subject areas.	Partially met
	Action taken as confirmed during the inspection: The inspector viewed training records for the managers which confirmed update training on manual handling, but three management staff had not had fire updates since 2014. This recommendation is restated.	

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visits contained evidence that service users' and/or representatives' views had been obtained and incorporated. Records viewed of annual care reviews included consideration of the wishes and preferences of service users and their relatives.

The UCO was advised that new carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the required care.

Is Care Effective?

The complaints log was reviewed by the inspector and one complaint record reviewed evidenced it had been appropriately managed and resolved to the service user's/relative's satisfaction. The registered manager also discussed a serious issue which had been

investigated by the HSC Trust and the inspector was satisfied that appropriate action had been taken.

The UCO was informed by all of the people interviewed that they had not made any complaints regarding the service; however, they are aware of whom they should contact if any issues arise.

Management visits are taking place on a regular basis to discuss their care; however, only one person was able to confirm that observation of staff practice had taken place in their home. Questionnaires are sent out by the organisation's governance department to a sample of service users of the agency or their representatives to obtain the views of the service received. Records of the 2014/2015 Service Annual Quality Report was viewed which contained feedback from service users and/or their representatives. The sample size of 30 was discussed by the inspector with the area manager on a previous inspection. It was confirmed that the area manager would review this process with their governance department with a view to considering increasing this number.

Staff met on the inspection day discussed the variety of communication processes they use to share ongoing changes to service users' needs with their line managers. Evidence of these processes was reviewed during the inspection day. The three staff who participated in the inspection confirmed they had received observation of practice by managers from the agency and had received training to assist them attend to the needs of service users.

Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from the Northern Trust. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care. Examples of some of the comments made by service users or their relatives are listed below:

- "Very glad of them. The consistency is great; they have become like friends."
- "Couldn't do without them. Great girls."
- "I don't have any concerns."
- "Couldn't complain about them."

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service users' conditions. Examples given included working with service users with limited mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan during reviews. They are also given the opportunity to comment on the quality of service either during home visits or surveys from the agency.

Three staff members spoken to on the day of inspection emphasised the importance of dignity and respect when working with service users. They provided examples to demonstrate how they promote service user independence and choices. Staff interviewed on the day of

inspection also confirmed that they were provided with details of care planned for each new service user.

Areas for Improvement

There were no areas for improvement identified during inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. One relative advised that they had experienced one missed call from the agency.

A range of management systems and processes were reviewed within the agency to ensure communication channels with service users and their relatives are maintained. These included daily contacts, on call arrangements and management of missed and late calls. The agency has a procedure for management of missed calls, and records evidenced appropriate actions had been taken in respect of each missed call. Three missed calls had been recorded since the last inspection and these records were viewed by the inspector. An effective process was in place to reduce the risk of any service user not receiving their planned call.

The inspector had discussed out of hours cover with the area manager during an inspection of another agency within their organisation, who confirmed that the on call arrangements outside of office hours do not cover all designated working times. The inspector was advised that there is limited on-call service between 07.30 and 09.00, 17.00 and 18.00, and after 23.00 hours with the arrangement during these hours handled via a central contact point at Holywell Hospital site. The area manager indicated that this on call service provides staff with support and advice but does not have access to the full details relating to service users, staff rotas and contact details of these persons. The inspector was advised that this issue has been discussed within HSC Trust and is being reviewed to address these matters. The inspector found no records of incidents or concerns that had occurred during these particular times, and staff interviewed on the inspection day did not raise any concerns regarding their on-call support mechanisms.

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

Is Care Effective?

Procedures in place for staff quality monitoring and supervision were reviewed during inspection. The inspector viewed the records of six care staff; these staff had received supervision and appraisal in accordance with the agency's policy.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping and they are usually contacted by the agency if their carer has been significantly delayed.

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting where calls are running late or may be missed. They discussed communicating such matters with service users and with the office management.

Staff interviewed on the day of inspection confirmed that their rota was achievable and they did not feel they were rushing service users. Comments included:

- "It is important to treat service users as a member of your own family."
- "If a service user is depressed or not in good form it is good to have a chat."

Is Care Compassionate?

Staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes where calls are missed or delayed. As previously detailed under theme one of this report, the service users and their representatives spoken with by the UCO highlighted service quality in general to be good, with appropriately trained and skilled staff who delivered compassionate care.

Three staff members spoken to on the day of inspection emphasised the importance of dignity and respect when working with service users.

Areas for Improvement

There were no areas for improvement identified during inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

The inspector reviewed the agency's 10 incident and near miss reporting records. Review of these incident reports evidenced that they had been recorded and reported to the relevant authorities within the required timeframes. Records confirmed that appropriate action had been taken and the matters have been concluded.

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Elaine Calvert 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and 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. 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	The registered person, the registered manager and managers undertake training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection.		
Ref: Standard 8 .17 Stated: Second time To be Completed by: 21 May 2016			
Registered Manager Completing QIP	Elaine Calvert	Date Completed	21/4/16
Registered Person Approving QIP	Una Cuning	Date Approved	22/4/16
RQIA Inspector Assessing Response	Michele Kelly	Date Approved	26/4/16

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 weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.