

**Announced Care Inspection
of
Trench Park Centre

9 September 2015**

1. Summary of Inspection

An announced care inspection took place on 9 September 2015 from 09.30 to 16.00. 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	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

Registered Organisation/Registered Person: Martin Dillon	Registered Manager: Jane McGowan
Person in charge of the agency at the time of Inspection: Jane McGowan	Date Manager Registered: 18/06/2009
Number of service users in receipt of a service on the day of Inspection: 9	

Trench Park Centre is a supported living facility for service users with a primary learning disability, operated by the Belfast Health and Social Care Trust. The agency provides care and support to nine service users who live in individual flats or shared accommodation in the Trench Park and Shaw's Avenue areas. Care and support provided includes assisting service users with personal care needs, housing support, and social inclusion.

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 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:

- Report and QIP of previous RQIA care inspection
- Incident records
- Correspondence.

During the inspection the inspector met with Jane McGowan registered manager, six support staff, six service users, and spoke with two relatives and two community professionals.

Staff questionnaires were left for completion; five were returned. Questionnaires indicated that staff were either satisfied or very satisfied:

- That service users receive care and support from staff who were familiar with their care needs
- That service users have their views and experiences taken into account in the way service is provided and delivered
- That staff would be taken seriously if they were to raise a concern
- That the agency's induction process prepared staff for their role.

Comments included:

'Trench Park is giving effective care and support to their service users and providing a safe and caring environment based on a person centred approach.'

Questionnaires were left for service users to complete, asking about various aspects of their care; six were returned. The comments on one questionnaire were discussed with the registered manager to the satisfaction of the inspector.

Six service users indicated that they were either satisfied or very satisfied:

- With the care and support they received
- That staff respond to their needs
- That staff help them to feel safe and secure
- With staffing levels.

The following records were examined during the inspection:

- Care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Records relating to safeguarding
- Monthly monitoring reports
- Tenants' meeting minutes
- Tenants' survey records
- Correspondence books/shift planners
- Documents relating to staff training
- Records relating to staff supervision
- Recruitment policy
- Supervision policy
- Induction procedure and records
- Complaints records
- Staff register
- Staff rota information
- Job description.

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 9 February 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 (2) (a)(5)(a)(9)	<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>(a) Be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Boards or other person with responsibility for commissioning personal social services for service users;</p> <p>(5) (a) Ascertain and take into account the service user's and where appropriate their carers, wishes and feelings</p> <p>(9) Prevent service users being harmed or suffering abuse or neglect or being placed at risk of harm,</p>	

	<p>abuse or neglect</p> <p>The registered person must ensure that an assessment of needs and risks by the HSC trust is completed when needs change and prior to the implementation of any restrictive practice and that the nature and parameters of restrictive practices are outlined in care and support plans.</p> <p>Refers to but is not limited to matters discussed in respect of</p> <ul style="list-style-type: none"> • A service users views in relation to control, choice and independence in their own home. • The example of positive risk taking in respect of possessions within a service user's own home. 	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector examined care and support plans and records of reviews involving service users and the HSC Trust. The review process and service user plans were discussed with the registered manager. The inspector was satisfied that plans were consistent with the HSC Trust plan, took into account the service users' views in relation to control, choice and independence in their own home, and managed risks of harm or suffering to each service user.</p>	

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

Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are satisfactorily completed, and to ensure that domiciliary care workers supplied are physically and mentally fit for the purposes of work. An alphabetical index of all domiciliary care workers supplied or available to work for the agency is maintained.

The agency has a structured induction programme which includes two days corporate training specific to learning disability, a one day corporate induction, and a further period of around two weeks shadowing experienced staff in service users' homes. Staff are expected to complete the NISCC induction workbook during the first six months of employment. The inspector examined the induction records to be completed by the employee and manager during the induction period; this includes information specific to the Trench Park and Shaws Avenue services. The inspector noted that the agency maintained guidance for all staff regarding their roles and responsibilities to inductees. Staff are provided with a handbook, and have access to policies, procedures, and guidance in the agency office.

The inspector was advised that the agency's own staff and a stable group of bank staff cover all shifts; the agency does not use staff from a domiciliary care employment agency.

The agency has a policy and procedure in place for staff supervision and appraisal which details frequency. Staff feedback during the inspection, and the examination of records relating to supervision, confirmed that staff receive supervision in line with policy and procedure.

Overall on the day of inspection, care was found to be safe.

Is Care Effective?

Discussions with staff indicated that an appropriate number of skilled and experienced persons are available at all times; examination of staff rotas reflected staffing levels described by the staff. The inspector noted that a number of staff have worked with the agency for a period of years. During the inspection the inspector observed appropriately skilled staff responding effectively to service users' needs.

The inspector viewed a range of documentation which showed how staff are provided with a clear outline of their roles and responsibilities on a daily basis. Staff who took part in the inspection were clear about what the agency expected of them and could describe effective methods of communication within the agency.

The agency has not employed new staff recently; however the inspector's review of the induction process indicated that the induction programme is effective in preparing new staff for their role. Staff provided feedback that the support for new staff during a period of shadowing is effective in introducing them to service users and preparing them for their role. The registered manager described a process of evaluating the effectiveness of staff induction through supervision and observation.

Discussion with staff and examination of training records showed that the agency has a process in place to identify and respond to training needs. Staff described how the provision of training specific to the needs of service users had resulted in an improvement in their communication skills and enhancement of care provided. Staff have identified a need for further training which the registered manager has responded to appropriately.

Supervision and appraisal is provided by staff who are appropriately trained for the role. Staff described receiving supervision and appraisal in line with the agency's policy. Staff have access to appropriate management support when the registered manager is not on duty.

Staff have access to all policies and procedures including the whistleblowing policy. Feedback from staff indicated that they understood how to implement the whistleblowing policy.

Overall on the day of inspection, care was found to be effective.

Is Care Compassionate?

The agency maintains records of comments made by service users in relation to staff arrangements through: a service user satisfaction survey, tenants' meetings and monitoring reports. The inspector noted comments made by a service user and their representative and the response to these recorded in monthly care review reports.

Staff who took part in the inspection showed an understanding of the impact of staff changes on service users. The inspector noted that the stable staff team provides continuity of care to service users.

Induction records seen by the inspector showed that staff receive an induction specific to the needs of service users. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users. A period of shadowing experienced staff provides service users time to get to know new staff.

Agency staff who took part in the inspection confirmed that they have appropriate knowledge and skills to carry out their roles and responsibilities; this was supported by comments from service users, relatives and community professionals. A community professional commented positively on the skills of the staff team in enabling a service user to achieve optimal independence within a community setting.

The agency maintains processes to address unsatisfactory performance of a domiciliary care worker.

Overall on the day of inspection, care was found to be compassionate.

Areas for Improvement

No areas for improvement were identified in relation to Theme 1.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or their representatives in an 'All About Me' document. The inspector reviewed a range of care and support plans devised with service users which reflected assessments of need and risk assessments. The inspector received feedback from staff who described incorporating the information from assessments into care and support plans, in collaboration with the service user. A service user showed the inspector their care plan, which had been designed in collaboration with the service user and the HSC Trust in an appropriate format. The service user was able to understand and explain the complex issues outlined in the care plan.

There was evidence of positive risk taking in collaboration with the service users and/or their representatives. Staff described examples of promoting the independence and choice of service users by positive risk taking. The inspector noted evidence of collaboration with relatives, HSC Trust professionals and other agencies in relation to managing multiple risks. The registered manager described an example where the wishes of a service user in relation to safe access to their property led to a review of procedure across the HSC Trust.

Overall on the day of inspection, care was found to be safe.

Is Care Effective?

The agency maintains records of reviews which show that care is regularly evaluated and reviewed. The agency has a process of reviewing care and support plans monthly with service users, and a review which includes a community professional from the Trust occurs at least yearly. The registered manager advised that reviews can be convened when required; this was supported by feedback from a community professional. The views of service users and/or their representatives were clearly recorded in review records.

The inspector viewed a range of care and support plans which were written in a person centred manner, clearly included the service users' views throughout, and showed evidence of updating. The inspector viewed care plans which had been prepared with service users in an appropriately accessible format.

The agency has processes in place to ascertain and respond to the views of service users and their representatives, including monthly reviews with service users, an annual service user satisfaction survey, and monthly quality monitoring reports. The inspector noted that records showed a process of the agency listening and responding to the views of service users and their representatives. The inspector met six service users in their homes and was shown how service users have exercised choice regarding the décor of the homes and pursuit of personal interests. During the course of the inspection, the inspector observed staff listening to and appropriately responding to needs and wishes of service users.

Service users have been provided with information relating to human rights and advocacy in a suitable format. Staff provided feedback that service users have used advocacy services.

Overall on the day of inspection, care was found to be effective.

Is Care Compassionate?

During the course of the inspection, the inspector observed staff responding to the needs of service users in an individualised manner. Staff had a good knowledge of service users' needs and wishes, which was evident in discussions with the inspector. The inspector examined records of six service users, which clearly reflected their individual care needs and preferences.

Service users who met with the inspector discussed their personal interests and usual activities. It was evident to the inspector that the agency facilitates service users in making daily choices regarding the activities they wish to engage in.

Service users who spoke to the inspector were able to express their views and were clearly aware of their right to be consulted and have their views considered in relation to service delivery.

Discussions with service users, staff, a relative, and community professionals, showed that the agency can demonstrate the promotion of human rights and the values underpinning the Minimum Standards. The inspector noted that staff have advocated on behalf of service users in order to effectively challenge discrimination and disadvantage. Human rights have been carefully considered in care and support plans, and promoted in the day to day care of service users.

The inspector noted examples where the agency had taken the service users' views, capacity and consent into account, with particular reference to service users' independence, freedom, control of property, and safety.

Overall on the day of inspection, care was found to be compassionate.

Areas for Improvement

No areas for improvement were identified in relation to Theme 2.

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

5.5.1 Complaints

Records of one complaint made from 1 January 2014 - 31 March 2015 were examined.

The complaint record examined by the inspector had been satisfactorily investigated and documented.

5.5.2 Safeguarding issues

Records of safeguarding referrals were examined and discussed. The agency maintains appropriate records of safeguarding referrals to the HSC Trust and outcomes.

5.5.3 Quality Monitoring Reports

Reports of monthly quality monitoring completed on behalf of the registered person were examined during inspection. The reports ascertain and respond to the views of service users, relatives, professionals and staff. The reports progress on improvement issues identified by monitoring and RQIA Quality Improvement Plans.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Jane McGowan	Date Completed	1/10/2015
Registered Person	Martin Dillon	Date Approved	01/10/15
RQIA Inspector Assessing Response	Rhonda Simms	Date Approved	02/10/15

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 from the authorised email address