

# Unannounced Inspection Report 28 April 2016



## Presbyterian Board of Social Witness

5 Willowbrook Lane, Millburn Road, Coleraine BT52 1ET  
Tel: 028 7035 7702  
Inspector: Jim McBride

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Presbyterian Board of Social Witness took place on 28 April 2016 from 09.00 to 14.00. On the day of the inspection the agency was found to be delivering safe, effective and compassionate care and the service was found to be well led.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

### **Is care safe?**

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. No areas for quality improvement were identified.

### **Is care effective?**

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement were identified.

### **Is care compassionate?**

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

### **Is the service well led?**

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary.

The inspector found evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

However, one recommendation for improvement has been made. The registered person is recommended to monitor the quality of services in accordance with the agency's written procedures and complete a review of current staffing levels. This report should summarise any views of service users and/or their carers/representatives and staff.

The registered person should ensure that the organisation is being managed in accordance with minimum standards and that all care needs are being met. This recommendation relates to concerns raised by staff in the questionnaires returned to RQIA.

In considering the findings from this inspection and that one recommendation has been made regarding a well led service, this would indicate the need for more robust quality monitoring in the agency.

### 1.1 Actions/enforcement taken following the last inspection

There were no further actions required to be taken following the last inspection.

### 1.2 Actions/enforcement taken following the last inspection

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

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

This inspection resulted in one recommendation being made. Findings of the inspection were discussed with Mr Alan Tate registered manager, as part of the inspection process and can be found in the main body of the report.

### 2.0 Service Details

<b>Registered organisation/Registered person:</b> Presbyterian Board of Social Witness Mrs Linda Wray	<b>Registered manager:</b> Alan Tate
<b>Person in charge of the agency at the time of inspection:</b> Alan Tate	<b>Date manager registered:</b> 8 September 2015

### 3.0 Inspection focus

The inspection sought to review any issues identified since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

## 4.0 Methods/processes

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable events

During the inspection the following processes used include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with staff
- File audits
- Discussions with service users
- Evaluation and feedback.

The following records were examined during the inspection:

- A number of care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports from December 2015 to March 2016
- Minutes of staff meetings held on 7 July 2015 and 15 February 2016
- Minutes of tenant meetings held on 7 July 2015 and 12 February 2016
- Staff training records relating to:
  - Challenging behaviour*
  - Vulnerable adults*
  - Finances*
  - Person centred planning*
- Records relating to staff supervision
- Complaints records
- Induction procedure
- Staff rota information.

## 5.0 The Inspection

The Presbyterian Board of Social Witness (Willowbrook) is based in Coleraine, provides domiciliary care in a supported living environment for nine adults with learning disability and is managed by the Presbyterian Board of Social Witness; hence the service has a Christian ethos. Services provided include assistance with social and life skills including personal care, budgeting, recreational and leisure activities. Referrals to the service are made by Health and Social Care Trusts. The scheme comprises of five houses, three of which are single occupancy and there are two shared houses. The scheme has 24 hour staffing provided by 12 staff.

During the inspection the inspector spoke with the registered manager, two service users and two staff. Their feedback has been included throughout this report.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA. Ten Questionnaires were returned.

The manager was also asked to distribute nine questionnaires to service users/relatives. Six questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

Following discussion with the registered manager, staff and service users, it was noted there was evidence of positive outcomes for service users. This has been demonstrated by the agency throughout this report.

The inspector observed both staff and service users engaging in household activities throughout the inspection. The two service users who were at home during the inspection visit invited the inspector to join them and their support staff for lunch. The inspector observed the staff and service users interacting with each other and was impressed with both their communication and natural interactions. The two service users invited the inspector to their accommodation and were very enthusiastic about how they choose their own colour schemes and soft furnishings, whilst proudly sharing family photographs and personal memorabilia. One service user stated *"This is my house and I have my own key to get in and out, I can lock my door and keep my home secure."*

The inspector would like to thank the service users and agency staff for their warm welcome and full cooperation throughout the inspection process.

### **5.1 Review of requirements and recommendations from the previous inspection dated 21/08/2015.**

The previous inspection of the agency was an unannounced care inspection. There were no requirements or recommendations made as a result of the last care inspection.

### **5.2 Is care safe?**

The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. The manager confirmed that the Statement of Purpose is currently being reviewed by the agency.

The inspector was advised by the manager that service users are introduced to and advised of the names of staff that will be providing care and support; this information is also included in the statement of purpose and the service user's guide.

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The inspector examined nine care plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users and/or representative's views had been obtained and incorporated.

The agency has in place a written policy and procedure for the recruitment of staff. Records reviewed evidenced the completion of pre-employment checks.

The agency has a structured staff induction programme which includes shadowing by an experienced staff member for all newly appointed staff, as well as induction of staff for short notice/emergency arrangements.

It was noted by the inspector that a new staff member stated: *“Being able to shadow someone during my induction was very helpful, in getting to know the service users.”*

The agency’s induction standards are in line with the Northern Ireland Social Care Council (NISCC) standards for new workers in social care. Records examined evidenced that staff have received core mandatory and other relevant training.

Records of induction, including short notice procedures and mandatory training, were retained within the staff files reviewed. Staff confirmed that they have direct access to all policies and procedures which are held centrally within the agency. The agency has a policy and procedure on staff supervision and appraisal. The manager reported that they undertake supervision with care staff.

The inspector examined staff rotas for weeks ending 18 April 2016, 25 April 2016 and 2 May 2016 and was satisfied that the agency’s staff resources meet service user needs. Discussions with the manager and staff indicated that an appropriate number of suitably skilled and experienced staff were available at all times.

Staff interviewed demonstrated an awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. Staff were aware of their obligations in relation to raising concerns about poor practice. The manager stated that all suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures. When shortcomings in systems have been highlighted as a result of an investigation, additional identified safeguards are put in place. There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed.

The two service users interviewed by the inspector stated that they felt safe and secure in their homes and that the care they received was excellent. Other comments included:

*“Staff are good.”*

*“I like the staff, all of them.”*

Staff comments:

*“We encourage and support independence as far as possible.”*

*“The induction is good.”*

*“Care is safe because we follow each individuals care plan.”*

Ten returned questionnaires from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal.

Staff comments:

*“Staff strives to make a safe environment for service users”.*

Six returned questionnaires from service users indicated that:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm.

Service user and Relatives Comments:

*“All care is discussed with me \*\*\*\*\* Mother.”*

The returned questionnaires from staff and relatives highlighted some care and support concerns relating to a service user. This was discussed with the registered manager on the 13 May 2016. The inspector highlighted the concerns raised. The registered manager stated that the agency would arrange to meet with staff and relatives to discuss the concerns raised.

No areas for improvement were identified during the inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
-------------------------------	----------	--------------------------------	----------

### 5.3 Is care effective?

The two service users interviewed by the inspector stated that they are aware of whom they should contact if there any issues regarding their care. One stated *“Talk to the staff or my sister.”*

Service user records viewed by the inspector evidenced regular contact and feedback received from service users had been followed up. These records evidenced that the agency and the HSC Trust carries out care reviews with service users if changes to their needs are identified. The inspector viewed a number of care reviews in place and has noted service users’ comments as to their satisfaction with the care they receive:

*“I’m happy with everything.”*

*“I like the staff.”*

*“Nothing I would change.”*

*“I receive enough help.”*

*“I have enough choice and would change nothing.”*

The agency maintains a daily contact record for each service user. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user.

The agency’s Statement of Purpose and Service User Guide make references to the nature and range of service provision. Service users and their parents/representatives are advised of independent advocacy services within the service user guide.

Staff interviewed provided examples to demonstrate how they promote service user independence, choices and respect and act on people’s wishes and choices. The service users interviewed were aware of whom they should contact if any issues arise regarding the service. The most recent monthly quality monitoring reports reviewed, evidenced that working practices are being systematically reviewed both in relation to incidentals and any complaints. The inspector noted the positive results from the agency’s annual quality survey, the service users were satisfied with the service provided.

Staff confirmed that they worked very well as a team and that staff meetings are held on a regular basis. One staff member stated *“One thing about this manager is he holds regular meetings.”* A number of meeting records held during 2015/16 were available for inspection.

Care records examined reflected individualised assessments and person centred care plans, including service user choice and preferences, dignity and respect. Assessments were recorded in a manner which promotes the interests and independence of each service user.

It was good to note that service users or their representatives are included in decision making regarding their care plan. Service users are also given the opportunity to comment on the quality of service.

Service user comments:

*“All the staff help me I have no complaints.”*

Staff comments:

*“The service is effective as we follow our procedures and are well trained to meet the needs of service users.”*

Ten returned questionnaires from staff indicated that:

- Quality monitoring of the service they provide is in place.
- The review of service users’ needs is completed.

Comments:

*“I believe I offer a high standard of care and support to all tenants.”*

Six returned questionnaires from service users indicated that:

- They get the right care, at the right time and with the best outcome.
- They are involved in the review of their care and have a say about what happens to them.

No areas for improvement were identified during the inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
-------------------------------	----------	--------------------------------	----------

**5.4 Is care compassionate?**

The agency’s Statement of Purpose and Service Users Guide reflects that staff will ensure that the beliefs and values of each service user are embedded in the day to day operation of the service.

The two service users interviewed by the inspector raised no concerns regarding their care needs or the quality of care being provided by staff. No concerns were raised regarding the staff treating the service users with dignity and respect. Service users are encouraged to complete tasks themselves when appropriate. This was in evidence during the inspection. One service user stated: *“Staff are always here for me”*.

Training records examined including induction records showed clear evidence that staff are encouraged to promote independence and choice to service users.

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, relatives, professionals and staff. The agency’s reports of monthly monitoring were comprehensive and provided assurance of quality monitoring and service improvement.

The inspector noted some comments made by service users, staff and relatives:

Service user comments:

*“I’m very happy with all the care and support.”*



Staff comments:  
*"Training is beneficia."*

Relatives' comments:  
*"We have no concern"*  
*"A lovely scheme"*  
*"\*\*\*\*\* is very happy here."*

The agency has in place an annual service quality monitoring report which is made available to service users and relatives describing the quality of service provided. The inspector examined the report and the actions to be completed by the manager.

Staff interviewed were aware of the agency's policy and procedure on confidentiality and could demonstrate how this is implemented.

During discussion with staff it was stated that:  
*"The care here is compassionate as the staff are regular; we know all the care needs and have a good relationship with tenants"*  
*"We know the likes and dislikes of tenants."*

Ten returned questionnaires from staff indicated that:

- Service users' views are listened to and improvements are made
- Service users can make decisions about the service they receive.

Staff comments:  
*"The service users are all treated with dignity and respect"*  
*"Service users are listened to and have a wide variety of choice."*

Six returned questionnaires from service users indicated that:

- They are given enough information about the people who will provide their care
- They are treated with dignity and respect and involved in decisions affecting their care.

Service user and Relatives comments:  
*"Staff are supportive and very caring."*

No areas for improvement were identified during the inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
-------------------------------	----------	--------------------------------	----------

**5.5 Is the service well led?**

The manager reported that the agency is in the process of reviewing all policies and procedures within the agency and where necessary make changes, in consultation with senior management staff.

Feedback provided to the inspector by staff indicated that there are effective collaborative working relationships with external stakeholders, including the HSC Trust.

A number of policies and procedures in place are accessible to staff in hard copy. Staff interviewed were aware of the complaints procedure and their role if they receive a complaint.

The agency has a complaints policy and procedure in place which is also reflected within the Statement of Purpose and Service User Guide.

The agency has reported a number of incidents to RQIA as required and it was evident that agency procedures had been followed in relation to these. Incidents form part of the monthly monitoring and actions are taken to address concerns, this is ongoing within the agency to enable the agency to reflect on any learning from incidents.

A number of staff training events have taken place and mandatory training is up to date for all staff. Supervision records examined by the inspector showed clear evidence of compliance with the agency's own policy and procedures. Feedback provided to the inspector indicated that staff feel respected and supported by the management structure within the agency.

There was evidence of staff working in partnership with the commissioning HSC Trust. This was confirmed by records, within care plans and through discussions with the manager and staff. Staff reported that they had a very good working relationship with the manager who they described as "*Very supportive.*"

There is a whistleblowing policy and procedure in place and staff were aware of this.

There was evidence that staff were encouraged to be involved in the development and improvement of the service. Following discussions with the manager it was evident that the agency considers the needs and choices of relatives' wishes and expectations. The agency has a policy and procedure on staff supervision and appraisal. The manager reported that he undertakes supervision with staff.

There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all staff. This is included in the agency's Statement of Purpose.

The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The agency had received two complaints during this period and the records in place clearly evidenced satisfactory outcomes for the complainants. The agency has responded to all regulatory matters as and when required. The inspector noted that the agency's system for reviewing policies and procedures was in place and was being actioned. The inspector saw a number of key policies that were subject to systematic review.

There was evidence of regular and effective staff supervision, appraisal, and management of performance issues. The arrangements in place to manage incidents and complaints include measures to prevent recurrence of issues. The inspector saw evidence of systemic audit within the agency which results in effective improvement plans with measured outcomes.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The agency recently liaised with RQIA in relation to service users' charges and the HSC Trust arrangements. The agency has in place an action plan to meet local HSC Trust representatives to discuss current charging arrangements. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary. The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

Ten questionnaires returned from staff indicated that:

- Current staffing arrangements meet service user's needs
- Any complaints from service users are listened to.

Staff Comments:

*"The agency is well led as we have a good team"*

*"The team is well led by a very approachable manager"*

*"A lot of time is spent with tenants."*

Six questionnaires returned from service users indicated that:

- The care they receive meets their needs and expectations
- The service is managed well.

Service user and Relatives comments:

*"I'm pleased to see that there's a permanent manager now in place."*

### Areas for Improvement

One recommendation for improvement has been made. The registered person is recommended to monitor the quality of services in accordance with the agency's written procedures. Complete a review report in relation as to current staffing levels. This report should summarise any views of service users and/or their carers/representatives and staff.

The registered person should ensure that the organisation is being managed in accordance with minimum standards and that all care needs are being met. This recommendation relates to concerns raised by staff in their questionnaires.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
-------------------------------	----------	--------------------------------	----------

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 8.11

**Stated:** First time

**To be Completed by:**  
1 June 2016

The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis.

This report will summarise any views of service users and/or their carers/representatives ascertained about the quality of the service provided and any actions taken by the registered person, or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.

The registered person is recommended to complete a review in relation to current staffing levels. This report should summarise any views of service users and/or their carers/representatives and staff.

**Response by registered person detailing the actions taken:**

A staff meeting was held to discuss with the team their concerns and monitoring records are being kept of occasions when staff are disturbed during the night. This will be further discussed with service users care manager. Families/tenants will also be consulted regarding their needs being met adequately.

### I agree with the content of the report.

<b>Registered Manager</b>	Alan Tate	<b>Date Completed</b>	28 <sup>th</sup> May 2016
<b>Registered Person</b>	Linda Wray	<b>Date Approved</b>	1 <sup>st</sup> June 2016
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

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

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)