

Unannounced Care Inspection Report 08 May 2018



Presbyterian Board of Social Witness

Type of Service: Domiciliary Care Agency
Address: 5 Willowbrook Lane, Millburn Road, Coleraine, BT52 1ET
Tel No: 02870357702
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

This is a domiciliary care agency supported living type which provides personal care and housing support to nine service users who have a range of needs including mild learning disability and dementia in their own homes at Willowbrook Lane. The service users are supported by 14 staff.

3.0 Service details

Organisation/Registered Provider: Presbyterian Board of Social Witness Responsible Individual: Mrs Linda May Wray	Registered Manager: Mrs Elizabeth Wilson
Person in charge at the time of inspection: Mrs Elizabeth Wilson Registered Manager	Date manager registered: 26 March 2018

4.0 Inspection summary

An unannounced inspection took place on 08 April 2018 from 09.15 to 17.00 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- staff recruitment
- care reviews
- training and development
- supervision and appraisals

No areas requiring improvement were identified.

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 Mrs Elizabeth Wilson, 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 16 May 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 May 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 complaints
- correspondence with RQIA

During the inspection the inspector met with registered manager, six service users, three staff, a telephone conversation with one service users' representative and a telephone conversation with one Trust professional following the inspection.

The following records were examined during the inspection:

- a range 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
- staff meeting minutes
- staff training records
- records relating to staff supervision
- complaints records
- incident records
- records relating to safeguarding of adults
- induction records
- staff rota information
- recruitment policy
- a range of policies relating to the management of staff
- supervision policy
- induction policy
- safeguarding vulnerable adults policy
- restrictive practice policy
- risk management policy
- incident policy
- whistleblowing policy
- policy relating to management of data
- complaints policy
- annual quality audit 2017
- statement of Purpose (2018)

- service User Guide (2017)

At the request of the inspector, the 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. Three responses were received prior to the issue of the report which can be found in the main body of the report. The manager was also asked to distribute 10 questionnaires to service users/family members. Five responses (four from relatives and one not identified) were received prior to the issue of the report which can be found in the body of the report.

The inspector contacted the registered manager on 25 May 2018 and advised of the 'undecided' responses from a staff member. As there was no contact details for the staff member the inspector has requested at the next team meeting the registered manager invites staff to come and discuss any areas of concern with her for local resolution.

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, relatives 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 prior to the issue of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 16 May 2017

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 16 May 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
Area for improvement 1 Ref: Regulation 16(5)	(5) Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that—	Met

<p>Stated: First time</p>	<p>(a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days; and (b) during that induction training— (i) the new worker is not supplied to a service user unless accompanied by another domiciliary care worker who is a suitably qualified and competent person; (ii) a member of staff (“the staff member”) who is suitably qualified and experienced, is appointed to supervise the new worker; (iii) the staff member (or another suitably qualified and competent person if the staff member is unavailable) will always be available to be consulted while the new worker is on duty; and (iv) subject to the consent of the service user, the staff member makes arrangements to observe, on at least one occasion, the new worker carrying out his duties.</p>	
	<p>Action taken as confirmed during the inspection: The inspector confirmed that the agency has devised a system to ensure that induction details were recorded and up to date at the time of inspection.</p>	
<p>Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 8.12 Stated: First time</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The inspector evidenced and examined the completed Quality Audit 2017. The Quality Audit outcome was available for service users, representatives and relevant stakeholders.</p>	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed staffing arrangements during the inspection. The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. The inspector was satisfied that the agency's arrangements for obtaining all pre-employment information were satisfactory.

The agency has a structured induction programme lasting at least three days which is in accordance with the timescales outlined in the regulations; the inspector noted that the Presbyterian Church in Ireland (PCI) carried out four corporate induction sessions per year for new staff. The inspector noted a circular in the agency office for new staff to plan attendance at same. The agency maintains a record of the induction provided to staff, including details of the information provided during the induction period. Staff are provided with a handbook, and have access to policies, procedures and guidance which are available in the agency. The inspector spoke to three staff whose feedback supported the above information. Staff provided positive feedback to the inspector regarding how the induction prepared them for their roles and responsibilities and how they felt supported by staff, and the registered manager.

The registered manager advised the inspector that the agency uses a small pool of staff from both the Presbyterian Church in Ireland (PCI) bank and 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 NISCC registration and the induction programme provided to them. Bank staff employed by the Presbyterian Church in Ireland (PCI) have had an induction by the agency.

Staff rotas are devised using a seven week rolling rota, feedback from staff and service users indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

Staff comments:

- “The rota is great. I can figure out what I will be working for the next year.”
- “Shifts are great a mixture of days and nights.”

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had received supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this. A detailed matrix of completed and planned supervisions and appraisals was available in the office.

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 staff training matrix which indicated compliance with regulations and standards. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. Makaton, Managing Hearing Loss, Dementia Advocacy and Managing Health Conditions Stroke, Heart and Respiratory Disease.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the registered manager and staff, documentation reviewed indicated that safeguarding training provided by the agency includes the regional guidance. On the day of inspection staff were able to name the agency's safeguarding champion. 'See Something Say Something' information was available in the agency dining room for service users and staff.

Records reviewed by the inspector indicated that the agency had completed no safeguarding referrals since the last inspection 16 May 2017.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. The agency maintains a system of access at all times to a registered manager or senior manager who has knowledge of the needs of service users. The registered manager provided feedback that staff are able to access advice and guidance from a manager at all times.

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

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. Documentary evidence and discussion with the service manager indicated that referral information and risk assessments are completed by the HSC Trust.

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.

On the day of the inspection there were no restrictive practices in place.

Service users' comments:

- "The staff are good."

Relative comments:

- "The home is very relaxed."

Community key worker comments:

- "Two way communication in relation to service users' needs."

The inspector found that care and support plans are formally reviewed by agency staff with service users on a two monthly basis or sooner if required.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. It was noted that a number of incidents had taken place since the last inspection. 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 no complaints since the last inspection.

Of responses returned by staff, two indicated they were ‘very satisfied’ that care was safe and one indicated that they were ‘undecided’ that care was safe. Of questionnaires returned by service users/relatives five indicated that they were ‘very satisfied’ that care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2018) and Service User Guide (2017).

The inspector reviewed three service users’ care and support plans. The inspector was informed by the registered manager and staff that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessments provided by the HSC Trust multi-disciplinary team. Examination of a range of care and support plans indicated that information from HSC Trust assessments is incorporated accurately. The inspector examined annual review records completed by the agency and found them to be satisfactory.

Feedback received by the inspector from staff and service users indicated that service users have a genuine influence on the content of their care plans. The inspector had an opportunity to speak to one family member who confirmed their involvement in care and support plans. The family member advised the inspector that they have attended and contributed to the annual reviews.

The inspector was informed that care and support plans are reviewed on a bi-monthly basis or sooner if required.

Service users' comments:

- "I had a review last year and my sister and I went."
- "I like everything here."

Staff comments:

- "We figure out problems at staff meetings."
- "Staff put their all into the service."

Community key workers comments:

- "No concerns on the quality of care."
- "Staff are very tuned into service user's needs".

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 HSC Trust professionals, and progress on improvement matters.

The inspector noted feedback from a relative on the monthly monitoring form:

- "Willowbrook has been a 'god-send' and the staff are excellent."
- "Likes the flexibility arrangements afforded to XXX XXX whilst living here."

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

Review of team meeting records indicated that team meetings are planned on a three monthly basis; the staff who spoke to the inspector verified that staff could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated the staff team is supportive to each other and that staff communication is good.

Review of tenant meeting minutes by the inspector showed the views of service users are taken into account in planning and making decisions. The inspector noted that service users were updated on new staff, Northern Ireland Social Care (NISCC) Standards, holidays, respect and information in relation to social activities.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with the HSC Trust and refers to or consults with a range of appropriate professionals when relevant.

The inspector noted and examined the following report carried out by Presbyterian Church in Ireland (PCI), the annual quality audit plan 2017 which included feedback from service users, representatives and Trust professionals. The inspector noted positive results and this report was available in the agency for service users, representatives and relevant stakeholders to view.

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

Advocacy services were recorded in the Statement of Purpose, Service User Guide and complaints procedure for service users to contact if necessary.

Of responses returned by staff, two indicated they were 'very satisfied' that care was effective and one indicated that they were 'undecided' that care was effective. Of questionnaires returned by service users/relatives five indicated that they were 'very 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, communication between service users and agency staff and other key stakeholders.

No areas for improvement were identified 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 staff and observation of their interactions with service users during the inspection showed that they understood and respected the differing needs and wishes of service users. The inspector observed that the language and behaviour of the staff sensitively promoted the independence and choice of service users throughout their interactions with service users.

The inspector was invited to visit service users in the communal areas of their homes. The inspector particularly noted displays of photographs which reflected service users enjoying social activities.

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.

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

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 was able to 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
- equal care and support
- individual person centred care
- individual risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the commissioning trust referral information.'

The inspector noted that service users' care plans were very person centred specific to the service user.

The inspector noted that service users are encouraged to develop their independence inside and outside of their own homes. On the day of inspection the inspector observed service users preparing to attend a local resource centre.

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 meet the inspector were provided with privacy as appropriate.

Service users informed the inspector that staff were supporting them in the planning of a summer holiday to Jersey.

The registered manager advised the inspector that three service users were chosen to represent Ulster in the Special Olympics in June 2018.

A service user described at length a course they have been enrolled in for the last two years at the local technical college and the benefits this was providing for them.

The inspector noted a calendar of events organised by a local resource centre for service users to attend.

The agency maintains a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring reports which specifically ascertain and include the views of service users’ and their representatives.

Service users’ comments:

- “The staff are very kind.”

Relative’s comments:

- “Willowbrook has met all our expectations and more.”
- “Communication book comes home with XXX and I can write down my points in it.”
- “Staff are a breath of fresh air.”

Community key workers comments:

- “Staff are very friendly and welcoming.”

Of responses returned by staff, two indicated they were ‘very satisfied’ that care was compassionate and one indicated that they were ‘undecided’ that care was compassionate. Of questionnaires returned by service users/relatives five indicated that they were ‘very 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 and their representatives.

No areas for improvement were identified 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 understood by staff.

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

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team.

On the day of the inspection it was noted that a number of incidents had taken place since the last inspection, 16 May 2017. The inspector examined the records and found that the agency had dealt with the incidents in accordance with its procedure and policy.

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

On the day of the inspection it was noted that the registered manager was working closely with the landlord in relation to getting maintenance issues completed.

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

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

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection it was noted no complaints had been received since the last inspection, 16 May 2017.

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

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

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

On the day 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’s comments:

- “The new manager is very stabilising, I am very pleased.”
- “The manager has some innovative ideas.”

Staff comments:

- “XXX is available all the time.”
- “Sometimes ideas from staff are ignored even though most staff feel they would be beneficial. Issues are sometimes not dealt with.”

Of responses returned by staff, two indicated they were ‘very satisfied’ that the service was well led and one indicated that they were ‘undecided’ whether the service was well led. Of questionnaires returned by service users/relatives five indicated that they were ‘very 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, management of complaints and incidents, quality improvement and maintaining good working relationships.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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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