



The Regulation and
Quality Improvement
Authority

SECONDARY UNANNOUNCED CARE INSPECTION

Name of Agency:	Rosewood Court
RQIA Number:	11008
Date of Inspection:	8 September 2014
Inspector's Name:	Joanne Faulkner
Inspection Number:	20496

The Regulation and Quality Improvement Authority
9th Floor, Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Service:	Rosewood Court
Address:	Trinity Methodist Church Knockmore Road Lisburn BT28 2YQ
Telephone Number:	02892627782
Email Address:	manager.rosewood@oaklee.org.uk
Registered Organisation / Registered Provider:	Inspire Wellbeing Ltd Peter Arthur James McBride
Registered Manager:	Pamela Fillis (Acting)
Person in Charge of the Agency at the Time of Inspection:	Pamela Fillis
Number of Service Users:	23
Date and Type of Previous Inspection:	18 March 2014 Primary Announced Care Inspection
Date and Type of Inspection:	8 September 2014 09:30 – 16:00 Secondary Unannounced Care Inspection
Name of Inspector:	Joanne Faulkner

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of an inspection visit carried out to assess aspects of the quality of services being provided.

3.0 Purpose of the Inspection

The aim of the inspection was to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (Revised 2011)

4.0 Profile of the Service

Rosewood Court is a supported living type domiciliary care agency, based in the Lisburn area. The agency offers domiciliary care and housing support to adults with a learning disability. The registered office is located adjacent to service users' homes.

The agency provides care and support to service users residing in a number of locations close to Lisburn town centre.

The agency's aim is to provide care and support to service users with a learning disability, to enable them to live in their own home within the local community.

Specific services provided by the agency include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and attending social activities, dependent upon individual service users' needs and wishes.

The agency is staffed by an acting manager, deputy manager, team leaders and a number of support staff. Staff are available to provide support 24 hours per day and each service user has an identified 'key worker.'

Care and support provided to service users is funded through a combination of housing benefit, supporting people monies and by the relevant HSC trust.

5.0 Inspection Process

The specific focus of the secondary unannounced inspection on 8 September 2014 was to examine staffing arrangements within the agency.

During the inspection the inspector had the opportunity to meet with one service user and three of the agency's staff.

5.1 Areas Examined during the Inspection Visit

- Staffing Levels
- Arrangements for staff breaks
- Procedures for the use of agency staff
- Shift handover information
- Staff training and induction
- Arrangements relating to the payment of utility bills for areas occupied by agency
- Transport Arrangements in place for Service Users

6.0 Inspection Summary

The unannounced inspection was undertaken on 8 September 2014 at the registered office.

The inspector was supported throughout the inspection by the acting manager, Pamela Fillis, Louise Agnew, deputy manager and team leader Janice Dickson.

During the inspection, the inspector had the opportunity to meet with one service user and spoke to three of the agency's staff. Staff who met with the inspector stated that service users

are provided with the necessary support to live as independent as possible within the community.

The agency's rota information details the expected hours of care and support required and the actual hours delivered; this is monitored weekly by agency staff. Staff rota information viewed contains a list of abbreviations; it was noted by the inspector that on a number of occasions the rota did not record full names of staff. A requirement has been made.

The agency has a process in place to ensure that agency staff receive a rest break whilst on duty; a record is maintained.

Team leaders complete a summary record whilst on duty, detailing any changes or issues relating to service users.

The agency provides induction training for staff; the agency's training matrix highlights training gaps. Staff informed the inspector that they receive supervision and feel supported in their role.

Agency staff provide their own food whilst on duty; a separate storage facility is provided.

Service users are supported to avail of appropriate transport; where agency staff use their personal vehicles for transporting service users there is no charge made to the service users.

The agency pays a percentage of utility cost for the areas occupied by the agency's office.

Care and support plans are developed in conjunction with service users and are reviewed six monthly; they detail the care and support required to meet the assessed needs of service users.

6.1 Service User Comments

"I like living here"

"The staff are good"

"Staff take me to the bank and shopping"

"I make my own food"

"I work in the hospital"

"I live alone in a flat; staff help me"

6.2 Staff Comments

"I feel supported in my role"

"Service users are supported to live as independently as possible"

"We support service users to shop, clean, cook and attend activities in the local community"

"I receive supervision four to six weekly"

"I get a rest break whilst on duty; I have to sign that I have received a break"

"At the shift handover staff are allocated an area of work"

7.0 Inspection Findings

7.1 Inspection Focus 1: Staffing Arrangements

The inspector met with the acting manager and deputy manager on the day of inspection. A range of documents were viewed during the inspection, including:

- staffing rotas
- break allocation record
- team leader summary records
- care plans in place relating to a sample of service users

The inspector discussed staffing arrangements with the acting manager, who stated that a draft rota is issued two weeks in advance to give staff the opportunity to identify shifts they can cover; agency staff are also used to ensure that the expected hours of care and support are delivered to meet the needs of service users. From records viewed it was noted that the hours worked by the manager and deputy manager are not included in the hours delivered; if they are required to provide cover this is highlighted on the record and the hours denoted.

It was noted that staff rota information included an abbreviation list and detailed the times of each shift. The inspector noted that on a number of occasions the rota record did not contain the full name of staff members. A requirement has been made.

The inspector identified from records viewed that staffing levels were higher at weekends; the manager stated that due to service users not attending day opportunities at weekends a higher number of staff is required to provide the necessary care and support. The manager informed the inspector that the agency receives a block amount of funding from the HSC trust, and care hours provided to individual service users are determined by an assessment of need, completed in conjunction with the service users and their relevant HSC trust representative.

The agency's staff allocation record clearly details the areas staff are allocated to work whilst on duty and specific timings for staff rest breaks; the manager informed the inspector that an additional member of staff has been allocated to cover all staff rest breaks. The manager stated that staff working a long day are allocated a break in the morning and evening shift. It was noted that the break allocation record is signed by staff when they have availed of a break; the manager stated that if staff fail to record that a break was taken it is highlighted and staff are required to confirm that they have availed of a break whilst on duty. The inspector viewed the agency's policy relating to staff breaks; it details the procedure for staff accessing breaks whilst on duty and for recording that break has been taken.

The inspector was provided with a sample of staff rotas detailing proposed staffing levels, delivered hours and a breakdown of the expected hours of personal care to be delivered to each service user; records viewed indicated that delivered hours reflected the hours required to ensure that service users' needs were met. The manager stated that the delivered rota and allocation records are cross referenced weekly to ensure that they are reflective of the hours delivered; these were viewed by the inspector and were noted to be signed by the acting manager. The manager stated that a weekly return is made to the agency's head office.

Staff who spoke to the inspector stated that they are provided with cover to take allocated rest breaks whilst on duty; they stated that they can utilise the agency's office during their break period. During the inspection the inspector observed a number of staff members having their break in the agency's office.

The inspector viewed a number of team leader summary records; they contain information relating to individual service users and any changes or concerns are noted; a team leader on duty stated that the summary records are completed for each shift and information discussed at shift handover.

The inspector discussed arrangement for staff accessing food whilst on duty; the manager stated that staff do not eat food purchased by service users. Staff informed the inspector that they bring their own food and the agency provides appropriate storage facilities in the agency's office; this was observed by the inspector.

7.2 Staff Training

The inspector discussed this theme with the manager; the agency has recently introduced a training database; it was viewed by the inspector. The manager checks the database regularly to identify training needs. Staff who spoke to the inspector stated that they received induction training covering a number of areas, including safeguarding vulnerable adults, fire safety, medication management, person centred working, managing service users' finances and manual handling; staff stated that they receive supervision four to six weekly and can highlight training needs. Staff informed the inspector that they felt supported in their role and that they were given the opportunity to further develop their knowledge and skills.

7.3 Use of Agency Staff

The inspector discussed with the acting manager the practice of accessing staff from an employment agency to ensure that staffing levels were adequate to meet the assessed needs of service users; the manager stated that prior to the staff member coming to the service, the employment agency forwards a staff profile which includes a recent photograph. The inspector viewed the agency's policy in relation to agency staff; it details the procedure to be followed in relation to induction of the staff member. The inspector viewed records retained by the agency and noted that staff had received induction on the first shift; a detailed record is maintained of all areas covered.

The manager stated that at present the agency are using staff from one of the organisation's other services which has not yet opened; it was noted from records viewed that the use of outside agency staff was not a regular occurrence.

7.4 Transport Arrangements

The acting manager stated that service users are provided with the required support to avail of appropriate public transport and are responsible for the costs incurred. It was noted that a small number of staff use their personal vehicles for transporting service users; the inspector noted that the agency retains the relevant documentation relating to insurance and tax and that this information is forwarded to the agency's finance

department annually. A record of all journeys is maintained by the agency; the manager stated that service users are not charged for this service.

7.5 Office Utilities

The agency's office is located adjacent to a service user's home; it is accessed from the car park by a separate door. The agency pays 20% of utility bills for the areas occupied by the office; with the remainder of the bill being divided equally among the service users.

7.6 Care and Support Plans

During the inspection the inspector viewed a number of service user care and support plans; staff stated that care and support plans are developed in conjunction with service users and their representatives and are reviewed six monthly. The service users who spoke to the inspector stated that they are encouraged to contribute to their care and support plans.

The care and support plans viewed detailed a range of interventions to meet the assessed needs of individual service users and detailed the support required by service users to live as independently as possible. It was noted that the agency had in place a support plan detailing the support required by service users to manage their finances.

8.0 Quality Improvement Plan

The timescales for completion commence from the date of inspection. The registered provider/manager are required to record comments on the quality improvement plan.

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.

Enquiries relating to this report should be addressed to:

Joanne Faulkner
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Secondary Care Inspection

Rosewood Court

8 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Pamela Fillis, acting manager** during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	21.-(1)(a) Schedule 4	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>This requirement relates to the registered person ensuring that the agency's staff rota information details the full name of each individual staff member.</p>	Once	<p>All Rota's now have full names of staff.</p> <p>This has been monitored weekly by the Manager and Deputy Manager from time of inspection.</p>	<p>Four months from the date of inspection: 08 January 2015</p>

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Pamela Fillis
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Peter McBride

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Joanne Faulkner	11/12/2014
Further information requested from provider			