



The Regulation and
Quality Improvement
Authority

Inspector: Joanne Faulkner
Inspection ID: IN023042

Rosewood Court
RQIA ID: 11008
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**Unannounced Care Inspection
of
Rosewood Court**

11 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 11 June 2015 from 09.15 to 15.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no significant areas of concern though some 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	1	0

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

2. Service Details

Registered Organisation/Registered Person: Inspire Wellbeing Ltd/Peter Arthur James McBride	Registered Manager: Pamela Fillis
Person in Charge of the Agency at the Time of Inspection: Pamela Fillis	Date Manager Registered: 29 November 2013
Number of Service Users in Receipt of a Service on the Day of Inspection: 24	

Rosewood Court is a supported living type domiciliary care agency, located within the Lisburn area. The agency offers domiciliary care and housing support to adults with a learning disability. The registered office is located adjacent to a number of 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.'

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:

- Discussion with the registered manager
- Examination of records
- Consultation with staff/relatives
- File audit
- Evaluation and feedback

During the inspection the inspector met with four service users and three staff; the inspector spoke to the relatives of two service users. The inspector was supported throughout by the registered manager and deputy manager, Mr Mervyn Garrett, assistant director, was present for part of the inspection and feedback.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- Three care and support plans
- HSC trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records

- Records relating to staff supervision and appraisal
- Complaints register
- Complaints procedure (November 2014)
- Recruitment policy (April 2015)
- Maintaining professional boundaries policy (2014)
- Pre- employment checklist
- Induction policy
- Supervision/ appraisal policy (September 2013)
- Staff register/ information
- Agency's rota information
- Whistleblowing policy (2014)
- Disciplinary procedure
- Service user participation and involvement policy(October 2014)

Staff questionnaires were completed by six staff; they indicated the following:

- Service users' views are taken into account in the way the service is delivered
- Staff are aware of the agency's whistleblowing policy
- Staff are satisfied that the care is delivered in a person centred manner
- Five staff stated that concerns raised are taken seriously
- Staff are satisfied that they are familiar with service users' care needs

One individual indicated that induction had not prepared them for their job role; this was discussed with the registered manager. The inspector was provided with assurances that all staff receive appropriate induction; they stated that this issue would be discussed at the agency's staff meeting.

Four individuals indicated that they felt at all times there is an appropriate number of suitably skilled staff to meet the needs of the service user; one individual stated that additional staff would enable staff to provide care and support in a more person centred manner. From discussions with the registered manager and a number of staff the inspector was satisfied that the agency considers the needs of individual service users when formulating staffing arrangements.

One individual who completed a questionnaire indicated additional training needs in relation to the individual needs of service users; this was discussed with the registered manager prior to the report being issued; the inspector was informed of the date training was scheduled to take place.

Service users' questionnaires were completed by two service users during the inspection; they indicated that:

- Service users are satisfied with the care and support they receive
- Service users are satisfied that they are consulted in relation to the quality of the service
- Service users are satisfied that staff help them to feel safe and respond to their needs
- Service users are satisfied with current staffing levels

Comments:

- “Staff are always here and keep me safe”
- “I always have staff in my house and more are starting”
- “Staff are very good they listen to me”

An issue raised during a discussion with a relative of one of the service users was discussed with the registered manager prior to the report being issued; the registered manager stated that they will liaise with the service user and their representatives.

5. The Inspection**5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of Rosewood Court was an unannounced secondary care inspection dated 8 September 2014. 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 21.-(1)(a) Schedule 4	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are- (a) kept up to date, in good order and in a secure manner; This requirement relates to the registered person ensuring that the agency's staff rota information details the full name of each individual staff member.	Met
	Action taken as confirmed during the inspection: The inspector viewed the agency's staff rota information; it was noted that records detailed the full name and role of individual staff members.	

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 in place and a mechanism to ensure that appropriate pre-employment checks are completed; the manager stated that the record is retained by the agency's human resources department. The agency maintains an alphabetical index of all domiciliary care workers supplied or available for supply for the agency; it includes those supplied on a temporary or short notice basis. Prior to employment staff are required to

complete a medical; the manager could describe the process for managing absence from work and return to work.

The agency's induction policy, October 2014, outlines the induction programme lasting at least three days which also includes shadowing staff members in the service users' homes; this was confirmed by the agency's staff. Staff are provided with a staff handbook and induction awareness booklet; they have access to the agency's policies and procedures. The agency maintains a record of the induction provided to all staff; it details information provided during the induction period and details of support/supervision provided during the induction/probation period. Staff are required to complete the Induction Foundation Framework (IFF) in the initial nine months of employment. Staff receive regular supervision during their induction period and an evaluation record maintained. The inspector viewed the agency's probationary policy.

The agency has a procedure for the induction of short notice/emergency staff; they have a procedure for verifying the identity of all supply prior to their supply; the documentation was viewed by the inspector.

The agency policies and procedures relating to staff supervision and appraisal outline the frequency and process to be followed; staff are provided with a supervision contract. Records are maintained of supervision and appraisal; those viewed indicated that they are completed in accordance with the agency's policies and procedures. Staff undertaking supervision stated that they have received appropriate training.

Is Care Effective?

Staff rota information viewed reflected staffing levels as described by the manager; it records the commissioned hours for care and the hours delivered. The agency has a process in place to ensure that staff provided from another agency have the knowledge, skills and training to carry out the requirement of the job role. The inspector viewed the agency's staff rota for the forthcoming days and staff were allocated shifts as required.

Agency staff are provided with a job description during their induction which outlines the roles and responsibilities of their job role; the manager stated that staff are allocated an area of work for each shift. Staff could describe their roles and responsibilities and the process for reporting any training needs.

Staff could describe the detail of their induction program; the agency maintains a record of staff induction which includes detail of regular supervision undertaken with staff during their induction period and highlights areas for improvement.

Staff stated that they receive four to six weekly supervision and annual appraisal with an interim review; they stated that they are encouraged to highlight any training needs to their line manager at any time. It was noted that during the probationary period staff receive more frequent supervision.

The agency has various methods of identifying and responding to training needs; it was viewed by the inspector. The agency provides mandatory training to all staff and training specific to meet the needs of individual service users; staff are required to complete a course evaluation record following any training provided.

Staff providing supervision have received appropriate training; the agency's policy details the frequency of supervision and appraisal.

Staff were aware of the whistleblowing policy and their responsibility in highlighting concerns.

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives at tenants meetings in relation to staffing arrangements and new staff. Service users stated that they are introduced to new staff members.

Staff could describe the impact of staff changes on service users; the manager stated that the agency endeavours to maintain continuity of staff; however on occasions staff are provided from another domiciliary care agency. They stated that the person completing the monthly quality monitoring visits monitors the use of agency staff.

The agency ensures that staff responsible in the absence of the manager had undertaken an annual competency assessment.

Induction records viewed indicated that staff receive induction and ongoing training specific to the needs of service users. Staff stated that they had the appropriate knowledge and skills to carry out their roles. Service users stated that staff have the knowledge and skills to provide care to meet their individual needs. The agency maintains a record of all staff training.

Agency staff described how their induction included meeting service users and becoming familiar with their care and support. Service users who met with the inspector stated that their privacy and dignity is respected at all times.

The manager could describe the agency's procedure for managing unsatisfactory performance of a domiciliary care worker and the use of the agency's performance improvement plan. The manager stated that the agency completes an interview with all staff leaving the agency to assist in identifying areas for improvement within the agency.

Service User Comments:

- "The staff are good; they discuss stuff with me"
- "I can do what I want"
- "I am happy with everything"
- "I go to work"
- "I go to tenant's meetings"
- "I am happy with it all; I would speak to someone if I was unhappy"
- "Staff are very good; they listen to me"

Staff Comments:

- "I receive supervision four to six weekly"
- "We have a staff meeting quarterly"
- "This is a good place to work; staff go out of their way to help the service users"
- "I received induction and a period of shadowing other staff"
- "I am being facilitated to complete my QCF qualification"

- “My supervision is beneficial, I can talk about anything”
- “Care is good; but we could do more individualised support if we had more staff”
- “I receive annual appraisal”
- “Staff are trained and training is refreshed annually”

Relatives’ Comments:

- “Staff are brilliant”
- “Staff are approachable; I have raised a few issues with them in relation to my relative”

Areas for Improvement

There were no areas of improvement identified within 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 viewed recorded the views of service users and/or representatives. Service users and their representatives stated that they are involved in the completion of their individual care and support plans and that their views and wishes are reflected. It was identified that care and support plans are reviewed at least six monthly and that individual daily activity logs are in place for individual service users.

From records viewed and discussion with staff here was evidence of positive risk taking in collaboration with the service user and/or their representative. The agency has in place a positive risk taking assessment for individual service users. Staff could describe the benefits of positive risk taking and their role in supporting service users to live as full a life as possible. One service user could describe the detail of their care and support plan and how staff supported them to take positive risks.

Is Care Effective?

Service users’ participate in an annual review of their care and support which involves representatives for the HSC trust; records in place are prepared in a format appropriate for the individual service user. Staff record daily the care and support provided, a monthly summary report is completed for each individual service user. Care plans are reviewed six monthly or as required. Service users stated that they are involved in the development of their care and support plans and views reflected; they stated that they meet regularly with their identified keyworker. It was identified that following a review involving the HSC trust representative an updated care plan is provided. Care plans viewed detail the wishes, choices and routines of service users and contain information specific to the needs of individual service users.

The agency facilitates monthly house and quarterly tenants meetings; records viewed indicate that service users are encouraged to express their views and opinions. The registered manager stated that a number of service users are facilitated to attend the organisations tenant’s advisory group meetings. Service users and their relatives are informed of the agency’s complaints procedure the agency maintains a record of all compliments and

complaints. The agency undertakes monthly quality monitoring visits; documentation viewed indicates engagement with service users and their representatives.

Service users have been provided with human rights information in a suitable format. Details of an advocacy service are contained within the agency's service user guide; it was noted that a number of service users had recently availed of an independent advocate.

Is Care Compassionate?

Discussions with staff, service users and representatives indicate that service users receive care in an individualised manner. Care plans were written in a person centred manner and service users stated that they are consulted about the care and support they receive.

Staff discussed examples of responding to service users' preferences and methods used to ascertain their views and opinions such as the use of questionnaires and proposed tenancy sharing arrangements consultation. Records of tenant meetings reflected the involvement of service users.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. The service user participation and involvement policy, 2014, outlines the need to ensure that care is provided in a manner that respects the views, choices, rights and dignity of individual service users. Service users are provided with a tenant's handbook which provides information relating to complaints, equality and human rights.

The manager described the process for engaging with the HSC trust regarding best interest practices for service users where there are capacity and consent issues.

Service User Comments:

- "I attend the tenants meetings when I want to"
- "I would speak to someone if I was unhappy"
- "I can choose to do what I want"
- "Staff listen to me; at the tenant's meeting I can talk"
- "I can take about anything at house and tenant's meetings"

Staff Comments:

- "Service users are encouraged to express their views and opinions"
- "Tenants meetings occur regularly"
- "House meetings give service users the opportunity to express their views and choices"
- "Service users are encouraged to live fulfilling lives"
- "Service users have recently been supported to avail of an advocate in relation to and issue within their home"
- "Service users meet their keyworker regularly"
- "I work for the benefit of the service users"
- "Staff record service users' issues in house communication books"

Relatives' Comments:

- "I attend the annual meeting"
- "***** views are respected"
- "Care is 100%"

Areas for Improvement

There were no areas of improvement identified within Theme 2.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined**5.5.1 Monthly Quality Monitoring**

The inspector viewed the agency's quality monitoring documentation in place and noted that monthly monitoring visits are completed by the agency's assistant director. The registered manager stated that they prepare a report prior to the visit. Records viewed recorded the views of service users and their relatives, and were appropriate relevant professionals. The documentation details any incidents or safeguarding concerns and staffing issues; it was noted that a service improvement plan is developed and that the registered manager is required to record when the recommended actions have been completed.

5.5.2 Complaints

The agency has received no complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the manager. The agency's complaints policy outlines the procedure in handling complaints.

5.5.3 Shared Accommodation

One staff member discussed with the inspector concerns in relation to the breakdown in relationships within one of the shared houses; they described the impact on the service users living in this accommodation and the steps that had been taken to resolve the issues, which included the involvement of an independent advocate. The inspector discussed with the manager and the assistant director the steps taken to date to address this issue; the inspector requested that the registered manager engages with the individual service users and their relevant representatives to ensure that service users can choose who they wish to reside with.

Areas for Improvement

One area for improvement has been identified in relation to:

Regulation 14(e)

This requirement relates to the registered person ensuring that the agency engages with the service users and their relevant representatives to ensure service users can choose who they live with.

Number of Requirements	1	Number of Recommendations:	0
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6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

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

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 14 (e)

Stated: First time

To be Completed by:
11 August 2015

Where the agency is acting other than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-

(e) in a manner which respects the privacy, dignity, and wishes of service users and the confidentiality of information relating to them; and

This requirement relates to the registered person ensuring that service users are supported to engage with their HSC trust representative in relation to who they share their home with.

This relates specifically to the service users in one of the houses where there have been identified issues.

Response by Registered Person(s) Detailing the Actions Taken:

In line with Regulation 14 above, the agency has been working with the multidisciplinary team at the South Eastern Health and Social Care Trust to address the issues which have been raised.

- There have been ongoing issues in relation to maintaining harmony within house 2 which have proved to be challenging.

- A complaint was received from 009, 023 & 027 regarding a fourth Service User 020 who resides with them in house 2. The name of a fifth Service User 019 who also lives in the house was not included in the complaint.

- The complaint and action being taken were discussed with the RQIA inspector during an unannounced inspection on 11.6.15. The Inspector was satisfied, at this time, with agreed action and requested that the Agency keeps her apprised of any outcomes. (This request was carried out and the Agency will continue to communicate any further relevant information).

- An incident occurred on 19.6.15 am prompting the relatives of 009 to contact RQIA with their concerns.

- A meeting was held with SE Trust investigating Officer Mary Allen and Registered Manager on 19.6.15 to discuss and agree interim measures and protection plan to be put in place. Investigating Officer Mary Allen spoke with Service user who did not raise any concerns with this co-sharing arrangements.

- Registered Manager contacted family, discussed the concerns, and explained the interim strategies that we were going to put in place. All

	<p>parties were satisfied with the Protection Plan.</p> <p>Further Meeting with SE Trust 29.6.15 held with multidisciplinary team to review the Protection plan and strategies in place. SE Trust to make referrals to Psychology services for further assessment and support for Service users within the house. Independent advocacy discussed and to be offered to the services users within the house.</p> <p>In relation to the ongoing issues the Registered Manager will continue to liaise with the SE Trust to ensure appropriate action is taken to prevent matters escalating. The Registered Manager will ensure that the compatibility among Service Users is a priority. A vacancy will occur in the near future which will provide an opportunity for assessing the configuration of accommodation based on Service User's needs and wishes.</p> <p>Agreed to review arrangements in line with a Futures Planning meeting 06.08.15. The Registered Manager will inform RQIA of the outcome.</p> <p>Agreed to increase from twice yearly to quarterly monitoring meetings between the Agency and Trust.</p>		
Registered Manager Completing QIP	Pamela Fillis	Date Completed	31.07.15
Registered Person Approving QIP	Peter McBride	Date Approved	04.08.15
RQIA Inspector Assessing Response	Joanne Faulkner	Date Approved	17/08/15

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