

Unannounced Care Inspection Report 20 December 2017



Rosewood Court

Type of Service: Domiciliary Care Agency
**Address: Trinity Methodist Church, Knockmore Road, Lisburn,
BT28 2YQ**
Tel No: 02892627782
Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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 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.

Staff are available to provide support 24 hours per day and each service user has an identified 'key worker.' The inspector would like to thank the service users and agency staff for their support and Co-operation throughout the inspection process.

3.0 Service details

Organisation/Registered Provider: Responsible Individual: Peter McBride	Registered Manager: Oonagh Mulholland
Person in charge at the time of inspection: Oonagh Mulholland	Date manager registered: 17/02/2017

4.0 Inspection summary

An unannounced inspection took place on 20 December 2017 from 09.15 to 14.30.

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

Evidence of good practice was found in relation to:

- Staff training
- Staff recruitment
- Service user consultation
- Monthly quality monitoring.

The inspector noted some of the compliments received by the agency:

A relative expressed her appreciation regards the dedication of the staff team and the support they provide. She complimented the high quality of care and the great support this had been to her.

A relative complimented the service in relation to the wonderful staff and the homely environment. She said the staff are fantastic. When her relative lived with her, she had concerns about what would happen if she could not support *** anymore. These concerns have now been alleviated since *** moved to Rosewood. Her relative is now beginning *** own journey and is becoming much more sociable. ***** expressed how this has been supportive to her as now she is beginning to get her own life back.

HSC Trust representative complimented the Rosewood team on their effective management of recent safeguarding Incident at the Scheme, in particular paid compliment to the protection plan that was implemented.

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 Oonagh Mulholland, 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 21 November 2016

No further actions were required to be taken following the most recent inspection on 21 November 2016.

5.0 How we inspect

The findings of the inspection were provided to the assistant director, registered manager and deputy manager at the conclusion of the inspection. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with a range of staff
- discussion with service user
- examination of records
- evaluation and feedback

The following records were viewed during the inspection:

- Service users' care records
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records pertaining to:
 - Safeguarding
 - Medication

- Risk assessment
- Confidentiality
- Support planning
- Challenging behaviour
- Health and safety
- Records relating to staff supervision
- Complaints records
- Staff rota information
- Safeguarding Policy (2017)
- Statement of Purpose (2017)
- Service User Guide (2017).

During the inspection the inspector met with the registered manager, deputy manager two team leaders and four support workers. The inspector also had the opportunity to meet with one service user.

Service user comments to the inspector:

- “I love living here.”
- “I get good support from staff.”
- “Staff listen to me.”
- “All my care needs are met by staff.”
- “I’m comfortable in my home and would not leave.”
- “I have my own keyworker.”

Staff comments made to the inspector:

- “I listen if a tenant has a complaint and help them through the process.”
- “I provide a quality service to tenants.”
- “Good staff communication.”
- “Preparation for review is important for tenants care and support.”
- “Induction is good and prepares you for the role.”
- “Good management support.”
- “Excellent training for all staff.”
- “Good observed practice by team leaders.”
- “Great person centred care and support provided.”
- “I was well supported by all staff during my induction.”
- “I have seen the change in tenants for the good with person centred care and support provision.”
- “Management have an open door policy and staff support is good.”
- “Tenants are all individual, with individual care and support needs, empathy and listening skills are an important for staff.”

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report no staff views had been returned to RQIA via Survey Monkey. The inspector also asked the manager to distribute ten questionnaires to tenant’s.

Seven service user questionnaires returned highlight positive feedback and comments have been included into the report.

Comments received:

- “I like living in my own flat.”
- “I like Rosewood.”

One questionnaire comment received from a tenant was discussed with *** on the 5 January 2018 and also with staff who have stated that they will discuss this issue with the tenant and will ensure that any risk assessments, are updated as required. The tenant was happy with the actions discussed.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 November 2016

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

6.2 Review of areas for improvement from the last care inspection dated 21 November 2016

There were no areas for improvement made as a result of the last care inspection.

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.

Staff recruitment is co-ordinated and processed by the organisation’s human resources (HR) department. Documentation viewed and discussions with the manager indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work until required pre-employment checks as outlined within the minimum standards have been satisfactorily completed and verified. The manager could describe the process for obtaining confirmation that staff are available to commence employment.

The agency’s training and development policy outlines the induction programme lasting at least three days, which is in accordance with the regulations. Records viewed and discussions with the manager and staff show that staff are required to attend corporate induction training and are required to complete an induction competency workbook.

Staff are required to shadow other experienced staff employed by the agency for approximately two weeks during induction. The expectation is that staff complete the full induction programme within their initial nine month probationary period. This was confirmed by all staff during discussion with the inspector. Staff are provided with the agency's staff handbook and have access to the agency's policies and procedures online.

The agency retains a record of the induction programme provided to staff; documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff. The manager is required to sign all records to confirm that the staff member has been deemed competent at the end of the probationary period.

Discussions with the manager and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual service users. The agency's staff rota information viewed by the inspector reflected staffing levels as described by the manager; the rotas denoted the person in charge on each shift. The inspector viewed rota information for weeks ending: 17/12/17, 24/12/17 and 31/12/17. The records in place were satisfactory.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal. Records viewed by the inspector indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures.

It was identified that the agency maintains an individual record for all staff detailing dates of competency assessments, training completed and details of registration status with relevant regulatory bodies such as Northern Ireland Social Care Council (NISCC).

The agency has an electronic system in place for managing staff training; the manager could describe the process for identifying gaps in training in conjunction with the organisations training department. Staff are required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. Training provided to staff is a combination of classroom based and E Learning. The inspector viewed the agency's training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The agency has updated their policy and procedures to reflect information contained within the policy. The organisation has identified an Adult Safeguarding Champion (ASC); the manager could describe their key areas of responsibility. The agency's policy and procedures clearly detail the process for staff on reporting concerns.

The manager and staff demonstrated a clear understanding of safeguarding issues; and could clearly describe the procedure to be followed which is in accordance with the agency's policy and procedures.

Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults. From training records viewed staff are required to complete

safeguarding vulnerable adults training during their induction programme, an online update annually and a classroom based update two yearly.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's risk management policy outlines the procedure for assessing and reviewing risk; it details that comprehensive risk assessment and safety management plans are required to be completed in conjunction with service users. Service users are supported to participate in a six monthly review involving their HSC Trust keyworker and that care and support plans are reviewed six monthly or as required. The inspector noted the agency's preparation for review document in which the individual service users can comment on the following:

- what's important for me now?
- what's important for the future?
- safe and well
- what's working well?
- what's not working well?
- key questions
- action plan

The agency must be commended for this piece of person centred practice. The inspector noted some of the comments made by service users following their annual review:

- I'm happy with the people I share with
- I'm happy and content
- I get on well with all tenants
- I want to continue with my care and support.

A number of service users have more frequent reviews in conjunction with their identified HSC Trust representative due to the nature of their individual needs. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly governance arrangements include an audit of risk assessments and any practices deemed to be restrictive.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: Recruitment, induction, training, supervision, reviews adult safeguarding and management of risks.

Seven returned questionnaires from service users indicated that safe service meant:

- there are enough staff to help you
- you feel protected and free from harm
- you can talk to staff if you have concerns

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

The agency's data retention policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely. Staff records indicated that they had received training relating to record keeping, confidentiality and data protection. On the day of inspection the agency's staff personnel and service users' records were retained securely and in an organised manner.

Both staff and managers could describe how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care plans. During the inspection the inspector viewed a number of service user care records; staff record daily the care and support provided and that the views and choices of service users are reflected.

Discussions with the manager and staff indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by a range of service managers and assistant directors and an action plan developed.

The inspector viewed records of quality monitoring visits and noted that there is evidence that the system is robust; it was noted that comments made by service users, and where appropriate their representatives were included. The feedback in relation to the quality of care and support of tenants was thoroughly identified and sought from a number of sources by the monitoring officer. The record includes details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation, finance and training.

Comments received during the monthly quality monitoring:

Service users' comments:

- "Staff are good to me here and I love living here as I have more company."
- "I like the new staff."
- "The staff are all very good."
- "Staff are looking after me well."
- "I am very happy."

Staff Comments:

- "The atmosphere is lovely and the quality of care is excellent."
- "Rosewood is excellent and going in the right direction."
- "Communications are person centred."
- "Care is of god quality and risks are assessed."
- "Staff are well informed."

Relative's comments:

- “All my fears have been alleviated and I’m happy with the way ***** has settled and made friends.”
- “I’m happy with the care and support provided by all staff.”
- “The environment is very supportive to my ***** needs.”
- “The manager is very caring.”
- “I love to see ***** happy and settled.”

HSC Trust comments:

- “The managers work well together. There’s a great team at Rosewood.”
- “Good effective communication.”
- “I’m very happy with the support provided.”
- “I’m happy with the quality of care.”

The manager could describe a range of ways in which the agency seeks to maintain effective working relationships with relatives, HSC Trust representatives and other stakeholders.

Discussions with the manager and staff indicated that the agency has systems to promote effective communication between service users, staff and other key stakeholders. The agency facilitates service user meetings. The agency maintains a record of items discussed; they also include the views of service users. The inspector noted some of the areas discussed during meetings:

- what’s working and what’s not working
- communication
- user involvement
- activities
- new staff
- RQIA
- living with others
- complaints
- health and safety

Staff meetings are facilitated; staff are required to sign the minutes of meetings to indicate that they have read and understood the matters discussed and the information provided.

The inspector noted some of the areas discussed during meetings:

- Care and support plans
- RQIA
- NISCC
- Rotas
- Professional boundaries
- Recording
- Staffing
- Service user updates.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders and the monitoring of the quality of the services provided.

Seven returned questionnaires from service users indicated that effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations

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.

Discussions with the manager and staff indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe examples of how they support service users to take positive risks to enable them to live a more fulfilling life. Staff have been provided with training and information in relation to human rights and confidentiality during their induction programme. The agency has provided service users with information relating to human rights, advocacy and adult safeguarding.

Records of service user meetings reflected the involvement of service users and contained comments/suggestions made by service users. Comments made by service users and where appropriate their representatives were detailed throughout a range of the agency's documentation.

Processes to effectively engage and respond to the comments and views of service users and where appropriate their representatives are maintained through the agency's complaints process, one to one meetings with service users, monthly quality monitoring visits, six monthly care review meetings involving HSC Trust keyworkers, stakeholder and service user satisfaction surveys and tenant meetings. It was identified from records viewed that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying learning outcomes and areas for improvement.

Positive feedback was received from the annual customer satisfaction survey completed by the agency including the areas that service users had the opportunity to comment on:

- Staff support me to ensure my house looks well inside and out and everything is in working order
- I am happy with my house and the support and care I receive

- I feel safe in my own home & where I live
- I can understand the information given to me. It is easy to read
- Staff ask me about what is important to me and what I like
- Staff talk to me about changes within Inspire or within my own services
- Staff treat me fairly and with respect
- Staff talk to me when something is bothering me and staff support me to make a complaint when I need to
- Staff support me to attend activities in my local area
- Staff support me to do things I want to do on my own.

Comments received from service users during the survey:

- “** said she is very happy in her new home”.
- “Like to change bedroom – new paint – green, wallpaper”.
- “I would like to get out a bit more”.

The agency also sought the views of next of kin during the survey. They were given the opportunity to comment on the following with positive results being highlighted.

- Are you happy with the overall service provided?
- Are you happy with the care and support provided to your family member?
- Do you see any changes in your family member’s health and wellbeing since they came to the service?
- Are you happy with the visiting arrangements, and do you feel welcomed when coming to visit?
- Are there any issues or recommendations you would like to share in order for us to improve the quality of the service?
- Would you like us to communicate more frequently with you?

A selection of comments received from next of kin during the survey:

- “I find all the staff very good and give *** great support and are always there for me if I have any worries”.
- “I have no complaints – just thanks for the excellent service you provide”.
- “The staff, at every level, are all very supportive”.
- “Staff are very supportive to *** and on occasions go the extra mile to help ***”.
- “All the staff are wonderful with *** and *** loves them all and sees them as good friends”
- “*** is always beautifully presented!! *** home is always spotless”.
- “The staff are all caring and supportive”.
- “It makes my heart sing to see *** so happy”.
- “*** is also much more confident”.
- “*** enjoys getting out and about with the staff and I do see an improvement in *** health and wellbeing”.
- “Staff are always available & helpful”.
- “Everyone makes me feel very welcome”.
- “The family is always made most welcome whenever we call – arranged or not”.
- “I am always made welcome when coming to visit. The staff are very pleasant”.
- “*** is taking time to settle in but is much better than before. ** enjoys being with staff who are very supportive”.

- “*** just loves living with the other service users. *** would see them as very close friends; *** has a far better social life than at home”.
- “Probably not more content than when *** was with Mum but this setting & supported living is ideal for *** circumstances now”.
- “*** seems content and is very fond of all the staff members. The mix of clients in *** new house is much more suitable than the previous one”.
- “Rosewood staff are very caring and work tirelessly to improve the social lives of residents”.
- “The staff are always pleasant when I visit him and are very helpful regarding his travelling to ***** to visit *** sister and myself”.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users.

Seven returned questionnaires from service users indicated that compassionate care meant:

- staff treat you with kindness
- staff ensure you are respected and that your privacy and dignity is maintained
- staff inform you about your care
- staff support you to make decisions about your care

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.

A range of policies viewed by the inspector have been reviewed and updated in accordance with timescales outlined within the minimum standards. The inspector noted that the agency had a process where staff are required to access the organisation’s policies and to indicate they have read them.

The agency’s complaints policy clearly outlines the procedures and timescales for managing complaints. Staff stated that they had received training in relation to complaints management during their induction; discussions with the manager and staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was identified from records viewed that the agency has received a number of complaints since the previous inspection which were resolved to the satisfaction of the complainants.

The agency has systems in place for auditing and reviewing complaints on a monthly basis with the aim of improving the quality of service provided to service users.

There are management and governance systems in place within the agency to promote and drive quality improvement. Discussions with the manager indicated that the agency’s governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of compliments and complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA. During the inspection the inspector viewed records that evidenced staff receive appropriate staff induction, training, supervision and appraisal.

The manager could describe the benefits of continually reviewing the quality of the services provided in identifying areas for improvement and highlighting good practice.

The inspector identified from records viewed and discussion with agency staff that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The manager stated that all staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency’s policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the human resource department. Records viewed by the inspector indicate that staff are registered appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency’s Statement of Purpose and Service User Guide were noted to have been reviewed and updated. The agency’s premises are suitable for the operation of the agency as described in the Statement of Purpose (2017).

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s management and governance arrangements, management of complaints, incidents, quality monitoring and improvement.

Seven returned questionnaires from service users indicated that a well led service meant:

- you always know who is in charge at any time
- you feel the service is well managed
- your views are sought about your care and the quality of the service
- you know how to make a complaint

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.



The **Regulation** and
Quality Improvement
Authority

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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)