

# Unannounced Care Inspection Report 21 November 2016



## Rosewood Court

**Type of service: Domiciliary Care Agency**  
**Address: Trinity Methodist Church, Knockmore Road,  
Lisburn BT28 2YQ**  
**Tel no: 02892627782**  
**Inspector: Joanne Faulkner**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Rosewood Court took place on 21 November 2016 from 10.00 to 16.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care agency was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Delivery of safe care was evident on inspection. The agency has in place staff recruitment, training and induction systems and endeavours to ensure that there is at all times an appropriate number of suitably qualified, competent and experienced staff to meet the needs of service users. It was noted that the agency is currently liaising with HSCT representatives in relation to the reassessment of service users' needs. The welfare, care and protection of service users is promoted through the identification of safeguarding concerns, implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust, and when required other stakeholders. The agency has systems in place for ensuring the identification, prevention and management of risk and to promote positive outcomes for service users. Service users indicated that they felt care provided to them was safe. No areas for improvement were identified during the inspection.

### **Is care effective?**

Delivery of effective care was evident on inspection. The agency responds appropriately to meet the individual needs of service users through the assessment of need and the development and review of individualised care plans. The agency has in place robust systems for reviewing and monitoring of quality of care in conjunction with service users, and where appropriate their representatives, and for providing ongoing assurance of continuous service improvement. There are systems in place to promote effective communication with service users and stakeholders; this was verified by observations made and discussions with staff and service users during the inspection. Staff and service users indicated that they felt the care is effective. No areas for improvement were identified during the inspection.

### **Is care compassionate?**

Delivery of compassionate care was evident during the inspection. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes and the provision of individualised care and support. It was noted from observations made and discussions with service users that staff value and respect the views and choices of service users and support service users to make individual choices regarding their daily activities. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a more fulfilling life. The agency has effective systems in place for obtaining and responding to the views and opinions of service users and their representatives. Service users indicated that they felt care provided was compassionate. No areas for improvement were identified during the inspection.

**Is the service well led?**

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. The agency has in place robust management and governance systems to meet the needs of service users. It was identified that following the resignation of the previous acting manager the agency had put in place appropriate arrangements to guide and support staff.

Agency staff have an understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers operate the agency in accordance with the Minimum Standards and fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. Evidence of effective and collaborative working partnerships with HSC Trust representatives and other external stakeholders was evident during the inspection. Staff and service users who spoke to the inspector indicated that they felt the service was well led. No areas for improvement were identified during the inspection.

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

**1.1 Inspection outcome**

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Irene Millar, Assistant Director and Kelly Devlin, Acting 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.

**1.2 Actions/enforcement taken following the most recent care inspection**

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 11 June 2015.

**2.0 Service details**

<b>Registered organisation/registered person:</b> Inspire Wellbeing Ltd/Peter Arthur James McBride	<b>Registered manager:</b> Kelly Devlin (Acting)
<b>Person in charge of the service at the time of inspection:</b> Irene Millar - Assistant Director	<b>Date manager registered:</b> Kelly Devlin (Acting)-application not yet submitted

### 3.0 Methods/processes

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

- Discussion with the assistant director, acting manager and staff
- Examination of records
- Consultation with service users
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Service users' care records
- 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 records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff induction records
- Staff rota information
- Induction checklist
- Recruitment and Selection Policy; August 2015
- Induction Policy, March 2016
- Performance and Development Policy, February 2016
- Probation Procedure, September 2015
- Supervision Policy, February 2016
- Adult Safeguarding Policy, February 2016
- Quality Management Policy, January 2016
- Disciplinary Procedure, August 2015
- Whistleblowing Policy, March 2016
- Complaints, Compliments and Concerns Policy, December 2014
- Data Protection Policy, February 2016
- Data Retention and Disposal Policy, August 2015
- Management of Records Policy, August 2015
- Confidentiality Policy, March 2016
- Equal Opportunities Policy, April 2015
- Annual Report, 2015-16
- Statement of Purpose, December 2015
- Service User Guide

During the inspection the inspector met with three service users, the assistant director, the acting manager and three staff members. It was identified that the previous acting registered manager has recently resigned their position and that the agency have put arrangements in place to provide appropriate support and guidance to staff; the inspector noted that RQIA had been notified of these arrangements prior to the inspection.

Questionnaires were provided by RQIA for completion by staff and service users following the inspection; one service user and three staff questionnaires were returned to RQIA. Comments made by an individual in a completed questionnaire were discussed with the assistant director following the inspection; assurances were provided that the matters would be addressed at a staff meeting and a copy of the minutes forwarded to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

**4.0 The inspection**

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'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, assistant director and agency staff for their support and co-operation throughout the inspection process.

**4.1 Review of requirements and recommendations from the last care inspection dated 11 June 2015**

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 14 (e)</p> <p><b>Stated:</b> First time</p>	<p>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-</p> <p>(e) in a manner which respects the privacy, dignity, and wishes of service users and the confidentiality of information relating to them; and</p> <p>This requirement relates to the registered person ensuring that service users are supported to engage with their HSC trust representative in</p>	<p><b>Met</b></p>

	<p>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.</p>	
	<p><b>Action taken as confirmed during the inspection:</b> The inspector viewed evidence of support provided to service users to engage with their HSC trust representative in relation to who they share their home with. It was identified that on individual has moved to accommodation more suitable to meet their assessed needs.</p>	

## 4.2 Is care safe?

During the inspection the inspector reviewed current staffing arrangements in place within the agency.

The agency's recruitment policy outlines the mechanism for ensuring that required pre-employment checks are completed for staff prior to commencement of employment. It was identified that a record detailing checks completed is retained by the agency's human resources department; prior to the inspection the inspector was provided with a copy of the checklist. During the inspection the inspector viewed an email forwarded to the agency informing them that staff were available for work following the completion of pre-employment checks. The assistant director stated that staff are not provided until all necessary checks and training has been completed.

The agency's probation policy and induction handbook outline the induction programme lasting at least three days which is in accordance with the regulations. Records viewed by the inspector outlined the information provided and additional support available to staff during their induction period. Staff stated that they are required to complete the organisation's induction framework during the initial nine months of employment. It was noted that staff are required to complete a reflection tool following training received and that staff required to be in charge complete an annual competency assessment.

Discussions with staff indicated that the induction programme included relevant mandatory training, shadowing other staff members, meeting service users and becoming familiar with their individual care and support needs. Staff stated that they felt they had the required knowledge, skills and support to effectively fulfil the requirements of their job. Staff could identify the need to respect the privacy, dignity and choices of service users.

The agency has a procedure for the induction of staff supplied at short notice/emergency and for verifying their identity. It was identified from discussions with the assistant director that additional staff are accessed from another domiciliary care agency; the inspector viewed a number of staff profiles relating to relief staff. Staff discussed the impact of frequent staff changes on service users and the need to endeavour to achieve continuity of care.

Discussions with the assistant director, staff and service users indicated that there are available at all times an appropriate number of skilled and experienced persons to meet the

needs of the service users. The agency's staff rota information reflected staffing levels as described by the assistant director and staff.

The inspector viewed the agency's supervision policy and learning and development policy. It was noted that they outline the frequency and processes to be followed. From documentation viewed it was noted that staff are provided with a supervision contract. The inspector noted that the agency maintains a record of staff supervision and appraisal; records viewed indicated that they are completed in accordance with the agency's policies and procedures. Staff indicated that supervision was beneficial to them in their job role.

The agency has an electronic system for recording staff training (Cascade); it was noted that the system records the date and type of training completed by staff and in addition highlights when training is required to be updated. The assistant director stated that a monthly compliance audit is produced; the inspector viewed the most recent audit report and noted that full compliance had been achieved. Staff stated that they are required to complete mandatory training and in addition training specific to the needs of individual service users'. Staff stated that they have opportunity to discuss training needs during supervision and appraisal meetings.

The inspector examined the agency's provision for the welfare, care and protection of service users. The assistant director described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015; it was noted that the organisation has recently reviewed and updated their policy and procedures to reflect information contained within the guidance. It was noted that two individuals within the organisation have been identified and safeguarding champions.

The agency maintains a record of referrals made in relation to safeguarding vulnerable adults; discussions with the assistant director and records viewed indicated that the agency has acted appropriately in reporting and managing incidents of suspected or actual abuse. It was noted that the person completing the monthly quality monitoring visit audits referrals made in relation to safeguarding vulnerable adults.

The inspector noted that staff are required to complete face to face training in relation to safeguarding vulnerable adults during their induction programme and in addition complete a two yearly update. Staff who spoke to the inspector demonstrated that they had an understanding of safeguarding issues; they could describe the types of abuse, possible indicators and the procedure for reporting concerns. Staff had knowledge of the agency's whistleblowing policy and were aware of their responsibility in highlighting and raising concerns identified.

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 policy for referral and care planning outlines the process for assessing and reviewing risk; it details the expectation that risk assessments and management plans are completed in conjunction with service users.

It was noted from records viewed and discussions with staff that a comprehensive range of risk assessments have been completed in conjunction with service users and where appropriate their representatives and that an annual review is completed involving HSCT representatives. Staff record daily the care and support provided to service users; service users are encouraged to meet with staff to complete a monthly summary of the care provided.

The agency's registered office is located in a building close to the homes of the service users; the premises include a range of facilities which are suitable for the operation of the agency as described in the Statement of Purpose.

### Service user comments

- 'If I am worried I talk to the staff or my friend.'
- 'I go to the Rowan day centre; I like going.'
- 'I can go out myself.'

### Staff comments

- 'I like working here.'
- 'We could do with more staff at times; the needs of service users can change.'
- 'I get supervision it is worthwhile.'
- 'We have reflective practice; we can learn from other teams.'
- 'Brilliant teamwork.'
- 'Care is safe.'

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.3 Is care effective?

During the inspection the inspector reviewed that agency's arrangements for appropriately responding to and meeting the assessed needs of service users. Information relating to the nature and range of services provided is detailed within the Statement of Purpose and Service User Guide.

The agency's data protection and data retention and disposal policies outline the processes for the creation, storage, retention and disposal of records; a range of records viewed during the inspection indicated that documentation is maintained in accordance with legislation, standards and the organisational policy.

Discussions with service users indicated that they are involved in the development of their care plans. Staff record daily the care and support provided to service users; records viewed indicated that risk assessments and care plans are reviewed and updated six monthly in accordance with the agency's policies and procedures. The inspector noted that HSC Trust representatives are involved in an annual review.

Documentation viewed and discussions with staff indicated that the agency has in place systems to monitor, audit and review the effectiveness and quality of care delivered to service users.

A monthly quality monitoring visit by a senior manager within the organization is completed; records viewed were noted to include the comments of service users and where appropriate



relevant representatives. The records include details of the audit of complaints, compliments, accidents, incidents, safeguarding referrals and in addition a review of staffing, record keeping and financial management arrangements are completed.

The agency facilitates four weekly service user meetings; records viewed and discussions with service users indicate that they are encouraged to attend and provided with opportunity to express their views. Service users could describe the process for making a complaint; it was noted that the agency maintains a record of compliments and complaints.

The agency issues an annual survey to service users and stakeholders to ascertain their views on the quality of the service provided; the assistant director stated that the returns are collated and a Service Improvement Plan (SIP) developed.

The agency’s systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. The agency facilitates regular service user and staff meetings; a record is maintained of issues discussed.

Discussions with staff indicated that the agency seeks to maintain effective working relationships with the HSC Trust and other agencies. The assistant director and staff described instances of recent and ongoing liaison in order to achieve better outcomes for service users.

**Service users’ comments**

- ‘Staff help me the cooking.’
- ‘I like living here.’
- ‘I go the chapel when I want to go.’
- ‘I have my own mobile phone.’

**Staff comments**

- ‘Service users have a choice in everything such as where they go, what they want to do.’
- ‘We have had recent staff changes; would like good consistent staff.’
- ‘We attend review meetings with the service users.’
- ‘Training is good; I am doing my QCF 3 at present.’
- ‘We are supported to complete QCF.’

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.4 Is care compassionate?**

The inspector sought to assess the agency’s ability to treat service users with dignity, respect and equality, and to fully involve service users in decisions affecting their care, support and life choices.

Staff who spoke to the inspection had knowledge of the agency's confidentiality procedure and could describe the importance of ensuring confidentiality at all times. It was noted that staff had received training relating to equality and diversity.

Discussions with service users and agency staff and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, are embedded in the culture and ethos of the organisation. Staff described ways in which the support service users in an individualised manner. Observations made during the inspection indicated that the choices made by service users are central to service provision. Staff could describe instances of how they support service users to take positive risks to enable them to live a more independent and fulfilling life.

During the inspection the inspector observed agency staff communicating with service users in a manner which took into account their individual views and choices. It was noted that service users are supported to make choices regarding their daily routines. Service users stated that staff respect their privacy; they stated that staff support them to make their own decisions. Documentation viewed indicated that service users and where appropriate their representatives are involved in decision making relating to the care they receive.

The inspector viewed a number of individual care and support plans and noted that they were written in an individualised manner; service users stated that they are involved in decisions relating to their care. Records of service user meetings indicated the involvement of service users and detailed choices made by service users on a range of matters.

Staff could describe the procedure for engaging with HSCT representatives in relation to instances where there are capacity and consent issues identified.

It was noted that the views of service users and/or their representatives were recorded throughout a range of relevant agency documentation. Formal processes to record and respond to service users are maintained through the compliments and complaints process, monthly quality monitoring, review meetings involving HSC Trust representatives, keyworker meetings, Inspire Participation survey and service user meetings.

The agency has systems in place to evaluate the quality of service provided; it was noted that it they are completed in a in a manner which takes into account the views of service users and were appropriate their representatives. The agency's monthly quality monitoring, tenant's meetings and satisfaction surveys provide evidence of consultation with service users and stakeholders.

### **Service users' comments**

- 'I go to church the bus collects me.'
- 'My aunt visits me.'
- 'I like the staff.'

### **Staff comments**

- 'Service users can do what they want.'
- 'We support tenants to go out and to go on holiday'.
- 'We have recently supported service users to do all their Christmas shopping and to decorate their houses for Christmas.'

- 'I think the keyworkers should sit down with the service user and go through what they are putting into the care plan.'

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was identified that the previous acting registered manager has recently resigned and that arrangements are in place to ensure adequate support and guidance is provided during the recruitment and selection process. The assistant director stated that interviews have recently taken place and that a position of acting manager has been offered to one individual.

The agency has in place a comprehensive range of policies and procedures which were noted to have been reviewed and updated in accordance with the Minimum Standards, relevant legislation and good practice guidelines. The inspector noted that policies and procedures are retained both electronically and in paper format stored within the agency's office; staff could describe the process for accessing the agency's policies and procedures.

Records viewed and discussions with the assistant director indicated that the agency's governance arrangements promote the identification and management of risk; these include ongoing review and update of policies and procedures and the monthly audit of complaints, safeguarding incidents, and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received no complaints for the period 1 April 2015 to 31 March 2016. Discussion with staff indicated that they understand the process for managing complaints. It was noted that service users have been provided with the complaints policy in an easy read format.

It was identified that arrangements for managing and monitoring of incidents and complaints include systems for auditing, identifying trends and identifying measures to reduce the risk of recurrences on a monthly basis. Records viewed during the inspection indicated that staff received appropriate supervision and appraisal.

The organisational and management structure of the agency outlines lines of accountability and roles of staff. Staff could describe their roles and responsibilities and it was noted that they are provided with a job description at the commencement of employment. Service users who spoke to the inspector were aware of staff roles and knew who to contact if they required support.

The registered person has led the organisation in achieving and maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are kept under review; the inspector noted that these documents will be required to be updated following the relocation of the organisation's head office.

On the date of inspection the certificate of registration from RQIA was displayed appropriately; however due to recent changes in the management arrangements of the agency the certificate will be required to be updated.

Discussions with the assistant director and staff indicated that there are effective collaborative working relationships with external stakeholders; the inspector viewed records of recent liaison with HSCT representatives in relation to new service users. The inspector reviewed documentation received from the HSCT in relation to a new tenant; it was identified that some referral information was outstanding however this information was received on the day of the inspection.

Staff could describe the arrangements for receiving support or guidance both during and out of hours. Staff stated that they can access support of the seniors at any time.

Staff could describe their responsibility in reporting concerns and had knowledge of the agency's whistleblowing policy.

### Service user comments

- 'The staff help us with anything we need.'

### Staff comments

- 'We have a supportive team.'
- 'We have staff meetings we can raise issues.'
- 'Staff aren't always able to access emails whilst in work easily as computers (2) are being used.'

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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