



The Regulation and  
Quality Improvement  
Authority

Fairholme  
RQIA ID: 11012  
29 Annadale Avenue  
Belfast  
BT7 3JJ

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## Unannounced Care Inspection Of

## Fairholme Supported Housing

28 April 2015

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 28 April 2015 from 09.45 to 17.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

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

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Martin Dillon	<b>Registered Manager:</b> Jill Cowan (acting)
<b>Person in charge of the agency at the time of Inspection:</b> Dana Armstrong	<b>Date Manager Registered:</b> 1 November 2014
<b>Number of service users in receipt of a service on the day of Inspection:</b> 27	

## 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:

Prior to inspection the following records were analysed:

- Incidents
- Correspondence
- Reports of monthly monitoring
- Service improvement plans
- Report and QIP of previous RQIA care inspection

During the inspection the inspector met with eight service users, five care staff, three staff, one professional and spoke with two relatives by phone.

The following records were examined during the inspection:

- Care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Supervision policy
- Complaints records
- Recruitment policy
- Finance policy and local guidance
- Records of financial transactions on behalf of service users
- Service user guide
- Induction procedure
- Records of induction
- Staff register
- Staff rota information

Staff questionnaires were left for staff to complete; the four questionnaires returned indicated that staff were satisfied or very satisfied:

- that service users receive care and support from staff who were familiar with their care needs
- that service users have their views and experiences taken into account in the way service is provided and delivered

- that an appropriate number of suitably skilled and experienced persons are available to meet the needs of service users
- that staff would be taken seriously if they were to raise a concern.

Comments included:

'Care and support provided in Fairholme is at a high standard and the tenants are treated with dignity and respect and their views listened to by all staff'

'I feel all staff and seniors provide excellent care for tenants' needs and there's always awareness to improve on this'

'Communication is very much improved'

'We are well updated with care and support plans, updated risk assessments, staff meetings and supervision. I feel that Fairholme has improved in the past year'.

Questionnaires were left for service users to complete; none were returned.

## 5. The Inspection

Fairholme Supported Living is a domiciliary care agency provided by Belfast Health and Social Care Trust. The scheme provides support to 27 service users (capacity 40) over 65 years with physical ill health; mental ill health or mild learning disability. The services provided by the agency's 20 staff are focused on maintaining service users' independence and can include meal provision, support with cleaning, shopping, laundry and care provision.

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 25 June and 4 July 2014. The completed QIP was returned and approved by the inspector.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref: Regulation 7</b>	<p>The registered person shall</p> <p>(a) keep under review and, where appropriate, revise the statement of purpose and the service user's guide; and</p> <p>(b) notify the Regulation and Quality Improvement Authority and service users and their representatives of any material revision within 28 days</p> <p>The registered person must review their statement of purpose in relation to the nature and range of service currently provided.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The statement of purpose was reviewed in September 2014 to include the nature and range of service currently provided. RQIA was notified of changes.</p>	
<p><b>Requirement 2</b></p> <p><b>Ref: Regulation 14 (a) (b) (c)</b></p>	<p>2. 14 (a) (b) (c) 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>(a) so as to ensure the safety and well-being of the service users;</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(c) so as to promote the independence of service users;</p> <p>(d) so as to ensure the safety and security of services users' property, including their homes;</p> <p>This refers to agency documentation which did not clearly state what the service user's needs were or what services were being provided to meet need.</p> <p>The services provided may not have ensured the security of service users' property, particularly their money.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The Trust adult safeguarding team completed an investigation in 2014 following RQIA inspections. The outcome of the investigation was reported to RQIA and did not find concerns regarding abuse or neglect.</p> <p>The inspector reviewed the arrangements for assisting service users to manage their money. Assessments of need had been completed for service users and care and support plans specified the help required managing money and how this would be provided.</p> <p>Financial records were appropriately maintained in respect of service users whose money is handled by the agency. Appropriate safeguards were in place regarding safe key holders and financial checks and balances.</p>	<p><b>Met</b></p>

	<p>The inspector spoke with service users who understood the assistance they received with handling money and how to access their money. Staff provided feedback to the inspector that they had received appropriate training and supervision in handling service users' money. The content of training was seen by the inspector and discussed with the manager. The inspector noted that service users' finances are a regular item on staff meeting minutes.</p>	
<p><b>Requirement 3</b>  Ref: Regulation 14 (d) (e)</p>	<p>(a) so as to ensure the safety and security of services users' property, including their homes;</p> <p>(b) in a manner which respects the privacy, dignity and wishes of the service users.</p> <p>The registered person must ensure that the agency's documentation includes an agreement with service users' for staff to have a key to their home and specify the circumstances when staff can use the key.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector confirmed that agreements in relation staff use of service users' keys were available in service users' records. The service user guide states that service users can chose who enters their home.</p>	<p><b>Met</b></p>
<p><b>Requirement 4</b>  Ref: Regulation 15 (2)</p>	<p>(2)The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure a written plan ('the service user plan') is prepared which shall</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p>	<p><b>Met</b></p>

	<p>The registered person must ensure that the service user's agreement specifies the number of support hours available to them individually and how these hours will be used to meet their needs.</p> <p>The registered person must ensure that the service user's care and support plan consistently specifies their needs and how services will meet that need.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that the number of support hours was recorded in the service users' agreements.</p> <p>Care and support plans seen by the inspector had been reviewed and developed since the last inspection of 25 June and 4 July 2014. The care and support plans were written in a person centred manner, and clearly specified the services users' needs and how these needs could be met.</p>	
<p><b>Requirement 5</b></p> <p>Ref: Regulation 15 (6) (d)</p>	<p>The registered shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall- (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>The registered person must develop and forward to RQIA by 5 September 2014 a policy on the management of service users' finances.</p> <p><b>Action taken as confirmed during the inspection:</b> The agency developed a draft finance policy which was forwarded to RQIA. The assistant service manager advised the inspector that this policy continues to be developed with supported housing managers across the BHSCT. The acting registered manager discussed and showed the inspector local guidance for staff regarding managing service users' finances developed since the previous inspection, the content of training provided to staff, and evidence of regular discussion at staff meetings regarding service users' finances.</p>	<p><b>Met</b></p>

<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 23 (4) (5)</p>	<p>(1)The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(4) the report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>(5) the system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This refers to the need to ensure that quality improvement measures are reflected in the monthly monitoring reports, and the need to consult with relatives and professionals.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector confirmed that the reports of monthly monitoring consistently show the progress of quality improvement measures, and include the views of relatives and professionals. The reports of monthly monitoring have improved consistently since the previous inspection of 25 June and 4 July 2014.</p>	<p><b>Met</b></p>
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<p><b>Requirement 7</b></p> <p><b>Ref: Regulation 24</b></p>	<p>If requested to do so by the Regulation and Quality Improvement Authority the registered person shall produce a plan setting out the methods by which, and the timetable to which, the registered person intends to improve the services which the agency arranges to be provided.</p> <p>This relates to monthly monitoring reports which the agency has been requested to provide to RQIA further to the Urgent Action notice of 12 May 2014</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector confirmed that reports of monthly monitoring have been provided to RQIA as required. These reports set out service improvement measures, actions required, a time frame, and progress towards meeting goals.</p>	<p><b>Met</b></p>
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Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  Ref: Standard 1.2	It is recommended that the registered person ensures that service users are given the option of purchasing their own groceries and be supported to cook their own meals in keeping with a supported living ethos, or the option of continuing to receive the meals service. The service user guide should be amended accordingly and the views of service users recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The service user guide includes information regarding options for service users to choose how their meals are provided. Care and support plans reviewed by the inspector included the choices made by service users regarding their meals and the food they eat. Service users who spoke with the inspector during inspection were aware that they could choose how their meals were provided.	
<b>Recommendation 2</b>  Ref: Standard 1.1	1.1 It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan.  <b>Action taken as confirmed during the inspection:</b>  The inspector viewed care and support plans which explicitly outlined service users' human rights.	<b>Met</b>

### 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 and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained, including those supplied on a temporary basis.

The agency has a structured induction programme lasting at least three days; this was confirmed by staff interviewed.

The agency maintains a record of the induction provided to all staff, including details of the information provided during the induction period. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

Feedback from the acting registered manager and staff confirmed that the agency does not use domiciliary care agency staff. The manager and staff described how the agency is able to cover shifts at short notice if needed by using the staff currently employed by the agency.

The agency has a policy and procedure in place for staff supervision and appraisal which details the frequency. Records maintained of supervision and staff feedback demonstrated that the frequency was in accordance with the agency's policy and procedure.

### **Is Care Effective?**

Discussions with the acting registered manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. Examination of staff rotas reflected staffing levels described by the acting registered manager and staff.

The acting registered manager described the agency's processes to assess the suitability of staff. The inspector viewed a range of documentation which showed how staff are provided with a clear outline of their roles and responsibilities. Staff who took part in the inspection were clear about what the agency expected of them and could describe a range of methods and documentation which provided them with this information.

Staff who took part in the inspection described the induction as effective in preparing new staff for their role. Records of induction supported staff feedback.

The acting registered manager discussed the agency's process of evaluating the effectiveness of staff induction through supervision and observation. Staff evaluation of supervision was seen in the records.

Discussion with staff and examination of training records showed that the agency has a process in place to identify and respond to training needs. The acting registered manager discussed how this process has been developed to improve effectiveness. Staff reported that the agency responds to their requests for additional training. The assistant service manager described a programme of bespoke training provided to staff following issues highlighted at the inspection on 25 June and 4 July 2014. This training was recorded in reports of monthly monitoring as part of a programme of service improvement. Staff provided positive feedback about the nature and frequency of supervision and appraisal, which occur in accordance with the agency's policy. In the course of inspection staff described the arrangements for seeking informal supervision and guidance from senior staff whilst on shift, including out of hours.

Staff interviewed by the inspector were aware of the whistleblowing policy for highlighting concerns.

### **Service Users' Comments**

'I can call for staff when I need to'  
'The staff are good'.

### **Relatives' Comments**

'The staff are very good'  
' \*\*\* is always well cared for'  
'I am very happy with the service, I have no worries'.

### **Staff comments**

'The induction is good'  
'There is continuity of staff, the same staff cover shifts'  
'It is very open for staff to ask for additional training'  
'You can always speak to a co-ordinator (senior staff) or the manager for advice'  
'Communication is very good, new changes are passed on to the staff'.

### **Is Care Compassionate?**

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements. These comments and the agency's response to them could be seen in daily recording and minutes of meetings with service users and their families. Feedback from staff and managers showed that the impact of staff changes on service users is taken account of.

The inspector noted that the agency has good continuity of staff with few changes. Discussions with staff and managers and minutes of meetings indicated that service users are prepared in advance of significant staff changes where possible.

Induction records seen by the inspector showed that staff receive an induction specific to the needs of service users; this was supported by staff comments. Agency staff who took part in the inspection confirmed that they have the knowledge and skills to carry out their roles and responsibilities. Agency staff provided feedback that the induction process appropriately prepares new staff to fulfil their role. Service users and relatives confirmed that staff have appropriate knowledge and skills.

Agency staff described how the induction process involves meeting service users and learning about their care needs with an experienced member of staff. Service users can chose to decline services. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

### **Service users' comments**

'The staff are good at sorting things out'  
'I can call for staff when I need them'.

**Relatives' comments**

'The staff are very understanding'

'I am content that \*\*\*\* is well cared for, it is the biggest relief'.

**Staff comments**

'The service users know the staff, continuity is important'.

**Professional's comments**

'There is a high standard of care and support'

'The service is excellent, it has been a success from the onset'.

**Areas for Improvement**

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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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 seen by the inspector reflected the views of service users and/or representatives. The inspector reviewed a range of care and support plans devised with service users which reflected assessments of need and risk assessment.

There was evidence of positive risk taking in collaboration with the service user and/or their representative. This could be seen throughout risk assessments and care plans. Discussion with staff confirmed that they understood the concept of a balance of safety with service user choice. Staff discussed examples of positive risk taking in practice, where service users were supported by staff to maintain or promote independence by taking part in activities of their choice. Staff discussed how beneficial participation in mental health recovery training had been in helping them to support service users with their choices.

**Relatives' comments**

' \*\*\*\* has freedom and protection'.

**Staff comments**

'Service users are involved in their care and support plans'

'Care and support plans include service users' likes and dislikes, strengths, the person's routine'.

**Is Care Effective?**

Records of reviews showed that care is regularly evaluated and reviewed. The agency has a policy of reviewing care and support plans initially after six weeks, then every six months or as required, with at least a yearly review including the community key worker.

The inspector was informed that the service user and/or their representative are invited to participate in reviews; this was evidenced in review records. Care and support plans seen by the inspector were written in a person centred manner and clearly included the service users' views throughout. Staff described how care and support plans are written along with the service user. The inspector noted that the standard of care and support plans had improved significantly since the inspection of 25 June and 4 July 2014.

Feedback from service users, relatives, monthly monitoring reports, and minutes of service users' meetings showed examples of how the agency delivers the service in response to the views of service users and/or their representatives. Staff were able to provide examples of service provision in direct response to service users' views. The agency has processes in place to ascertain and respond to the views of service users and their representatives. The inspector noted that the agency had significantly improved systems to keep service users and their representatives informed of change, to consult with them, and respond to their views, since the last inspection of 25 June and 4 July 2014.

Service users have been provided with information relating to human rights and advocacy in a suitable format. Staff reported that this information is discussed with service users in the context of their care and support plans.

### **Service users' comments**

'I can do anything I want to do'  
 'I go out to do various activities'  
 'I can speak to staff if there are any problems'  
 'I go to the tenants' meeting'.

### **Relatives' comments**

'The staff took \*\*\*\*\*'s feelings into account and found another way' (regarding a task the service user did not wish to do).

### **Professional's comments**

'The service is person centred, the staff took on board (the service user's) views; their opinion and choice were respected'  
 '(the service user) has thrived, flourished'  
 '(the service user) is more independent, the staff have enabled (the service user)'.

### **Is Care Compassionate?**

Feedback from staff, service users, relatives and a professional indicated that service users receive care in an individualised manner. Care plans and agency records were written in a person centred manner and were clearly reflective of service users' views and preferences.

Service users and/or their representatives were aware of their right to be consulted and have their views taken into account in relation to service delivery. Staff discussed examples of responding to service users' preferences; families described open communication with staff; minutes of meetings with service users reflected their involvement. The inspector observed service users exercising choice regarding their daily lives.

Reviews of records and discussion with staff and managers reflected promotion of human rights and the values underpinning the Domiciliary Care Agencies Minimum Standards (2011); including choice, dignity, respect, independence, consent. Human rights were explicitly outlined in care plans and were evident throughout other agency documentation such as review records. The individual choices made by service users regarding their way they wish to live their lives were seen in care and support plans and through discussion with service users.

The agency collaborates with the HSC Trust for service users where there are capacity and consent issues. The agency's response to complaints and comments made by service users and their representatives shows how individual views are taken into account and responded to.

#### **Service users' comments**

'The staff take my views into account'  
 'The staff listen to me'  
 'The staff ask what I think and feel'  
 'The staff understand me'.

#### **Relatives' comments**

'The staff are very understanding'  
 'It is very open, I can pop in at any time'.

#### **Staff comments**

'The service users choose their own routine'  
 'Service users can choose whether they go out or not'  
 'People do a variety of activities'.

#### **Professional's comments**

'The service is person centred, the staff took on board (the service user's) views; their opinion and choice were respected'.

#### **Areas for Improvement**

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### **5.3 Additional Areas Examined**

#### **Reports of Monthly Quality Monitoring**

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports ascertain and respond to the views of service users, relatives, professionals and staff. The reports progress on improvement issues identified by monitoring and RQIA Quality Improvement Plans. The reports of quality monitoring show a consistent improvement over the period since the previous inspection of 25 June and 4 July 2014, and now provide an assurance that the agency is monitoring and addressing quality issues.

## Complaints

Records of complaints from 1 January 2014-31 March 2015 were examined. There were two records in 2014 and none in 2015 within the time period specified.

The complaints records examined by the inspector had been satisfactorily investigated and documented. The inspector noted that the agency maintains records of compliments received.

## 5.4 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.

## 5.5 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.

## 5.6 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to [supportedliving.services@rqia.org.uk](mailto:supportedliving.services@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.

**No requirements or recommendations resulted from this inspection.**

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	Jill Cowan	<b>Date Completed</b>	21.05.15
<b>Registered Person</b>	Dr Michael McBride	<b>Date Approved</b>	21.05.15
<b>RQIA Inspector Assessing Response</b>	<b>Rhonda Simms</b>	<b>Date Approved</b>	<b>21/05/2015</b>

Please provide any additional comments or observations you may wish to make below:

***\*Please complete in full and returned to RQIA [supportedliving.services@rqia.org.uk](mailto:supportedliving.services@rqia.org.uk) from the authorised email address\****