

Unannounced Domiciliary Care Agency Inspection Report 26 April 2016



Fairholme Supported Housing

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Fairholme Supported Housing took place on 26 April 2016 from 9.45 to 16.00.

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

Is care safe?

During the inspection the inspector found evidence to indicate that the agency was delivering safe care. The agency maintains a stable provision of appropriately trained and supervised staff who understand the needs of service users. The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. It was noted that agency staff understand how to identify safeguarding concerns and appropriately implement management plans. There was evidence of positive outcomes for service users through a process of person centred assessment, and review of needs, wishes, and risks.

Is care effective?

During the inspection the inspector found evidence to indicate that the agency was delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users are involved in the development of care and support plans which are reviewed regularly with HSC Trust professionals. The quality monitoring arrangements include consultations with service users/their representatives, and provide a thorough system of audit and service improvement. The agency maintains effective communication with service users, relatives and key stakeholders including the HSC Trust. The inspector received feedback from service users which indicated that service provision had resulted in positive outcomes for their lives.

Is care compassionate?

During the inspection the agency was found to be delivering person centred compassionate care. The inspector observed interactions between staff and service users and received feedback from service users and a relative which indicated that the dignity and respect of service users are upheld through service delivery. The agency maintains systems to ascertain service users' wishes and feelings, and to involve them in decision making.

Is the service well led?

During the inspection the agency was found to be competently delivering a well led service. Clear management and governance systems are maintained to meet the needs of service users and drive quality improvement. Staff are aware of their roles, responsibility and accountability within the organisational structure. The registered person has operated the service in accordance with the regulatory framework and worked effectively with RQIA. There are effective working relationships with key stakeholders including service users, relatives and the HSC Trust.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Luciano Croskery, acting registered manager, as part of the inspection process and can be found in the main body of the report.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection of 25 April 2015.

2.0 Service details

Registered organisation / registered person: Belfast Health and Social Care Trust Martin Dillon	Registered manager: Luciano Croskery (Acting)
Person in charge of the agency at the time of inspection: Luciano Croskery	Date manager registered: Luciano Croskery - No registration date given

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA

During the inspection the inspector spoke with the acting registered manager, two co-ordinators (senior support staff), four support staff, three service users, one community professional, and one relative.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; seven were returned. At the request of the inspector, questionnaires were distributed for completion by service users; four were returned.

Feedback received by the inspector during the inspection process is included throughout this report.

The following records were examined during the inspection:

- Eight 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
- File audits completed by the acting registered manager
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Induction records
- Staff rota information
- Staff intranet
- Recruitment policy 2010
- A range of policies relating to the management of staff
- Supervision policy 2013
- Induction policy 2013
- Safeguarding Vulnerable Adults policy 2013
- Risk Management Strategy 2013-16 and Belfast Risk Audit and Assessment Tool
- Incident policy 2013
- Whistleblowing Policy 2013
- Policy relating to data 2016
- Complaints policy 2013
- Statement of Purpose 2015
- Service User Guide 2016.

4.0 The inspection

Fairholme Supported Living is a domiciliary care agency provided by Belfast Health and Social Care Trust. The scheme provides support to 26 service users (capacity 40) over 65 years old with physical ill health; mental ill health or mild learning disability. The services provided by the agency's 21 staff are focused on maintaining service users' independence and can include meal provision, support with cleaning, shopping, laundry and personal care.

4.1 Review of requirements and recommendations from the last care inspection dated 25 April 2015.

There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks.

Staff rotas and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The inspector noted that vacant shifts are covered by the current staff team or a small pool of bank staff that hold substantive posts in other services operated by the agency. The staffing arrangements enable the agency to provide familiar staff to facilitate services to service users.

It was noted that the agency has an induction policy and induction programme of at least three days in accordance with Regulations. The inspector received feedback from staff which indicated that the induction prepared them sufficiently for their roles and responsibilities.

Records of training were reviewed by the inspector and it was noted that mandatory training and additional training which is beneficial to service users has been attended by staff. Agency staff commented favourably on bespoke specialist training provided in response to the specific complex needs of a service user.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. Staff stated that the acting registered manager and co-ordinators are 'approachable' and 'operate an open door policy' in respect of consultation and informal supervision.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of vulnerable adults. Safeguarding training provided by the Belfast Health and Social Care Trust includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter. Staff who provided feedback to the inspector had a good understanding of safeguarding issues and were clear regarding agency procedures. Staff were able to describe their roles where safeguarding concerns arose with service users, understood the role of the HSC Trust, and described how they worked with service users to implement relevant protection plans. Staff commented that they felt involved and listened to in multi-disciplinary discussions regarding safeguarding matters.

Records reviewed by the inspector indicated that the agency responds promptly and fully to all suspected, alleged or actual incidents of abuse. The acting registered manager discussed the agency's response to suspected incidents of abuse which involved multi-agency working. It was noted that safeguarding training has been provided to service users.

The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response. Staff commented: 'Everything is taken seriously.'

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The agency operates a risk management strategy; records of risk assessments are completed with each service user, regularly evaluated and reviewed. The agency's governance arrangements include audit of any restrictive practices in place. It was noted that the review arrangements with the HSC Trust multidisciplinary teams allow for flexible and regular review of service users as indicated by their level of need. It was evident from feedback received from staff and a community professional that appropriate partnership working is maintained in respect of risk management.

The agencies registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Service user's comments

- 'The staff have at all times been helpful, they are a delight to deal with and they do their best under all circumstances.'

Staff comments

- 'I feel the service we give is safe and risk assessment show this.'
- 'Safeguarding is taken very seriously in Fairholme.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.3 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2015) and Service User Guide (2016).

The inspector reviewed a range of service users' care and support plans. Care plans are developed with service users in conjunction with assessment information provided by HSC Trust professionals. Records indicated regular evaluation and review of care plans, including review with the HSC Trust; this was supported by feedback from agency staff.

The inspector was informed of local advocacy services available for the use of service users.

The inspector examined a range of records maintained by agency staff in accordance with legislation and standards. It was noted that the agency maintains policy which includes the management of records.

The agency maintains a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by a senior manager who has an extensive knowledge of the service. The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matters.

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 relatives indicated that service users have open lines with communication with staff. Service users and relatives provided feedback that they know who to go in the agency to discuss an issue or complaint and were confident of an appropriate response.

Complaints and compliments records, quality monitoring reports, care records, and the service user evaluation survey provided evidence of how the agency maintains records of comments made by service users and/or their representatives. Minutes of tenants' meetings clearly documented communication processes between agency staff and tenants, including tenant views and how the agency has responded to them.

It was evident during the inspection that the agency seeks to maintain effective working relationships with the HSC Trust and other agencies. The inspector received feedback which indicated that the agency maintains effective methods of relevant communication and partnership working with key stakeholders.

Service user's comments

- 'The staff at all times try to help one to the best of their ability.'

Staff comments

- 'I attend all tenant meetings and have seen improvements in practice.'
- 'Service users are actively encouraged to participate in their care and support plans.'
- 'We work in aperson centred approach, towards the best outcomes for service users.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care compassionate?

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users in decisions affecting their care and support.

Discussion and feedback from staff indicated that the values stated in the Minimum Standards, including dignity, respect, independence, choice, rights, equality and diversity, were embedded in the culture and ethos of service delivery at Fairholme Supported Living.

Staff could confidently describe how the choice and independence of service users are central to service provision.

The inspector received feedback from service users and a relative which indicated that the agency seeks the views of service users and representatives through the course of daily service provision, in addition to formally through tenant meetings, review meetings, and an annual service user survey. A relative provided positive feedback regarding the compassionate manner in which the agency had provided care to a service user and their family at a particularly difficult time in their lives: 'The standard of care has been absolutely fantastic, they have done everything that could be done and more.'

The agency sought the views of service users through an annual evaluation survey; the inspector noted that feedback was summarised and reported on through the tenant meeting and in written form. Matters arising from the survey were progressed through further discussion at the tenant meeting. Tenant meeting minutes are routinely provided in a clearly written appropriate format.

The inspector noted that service users were able to exercise choice regarding a range of daily decisions. Service users who spoke with the inspector valued their independence and the ability to take part in activities of their choosing in their home and the local community. The agency staff team includes an activities co-ordinator who showed the inspector how they have consulted with and implemented the choices of service users who wish to take part in small group or one to one activities at Fairholme and in the local community.

Formal processes to record and respond to the views of service users and relatives are maintained through the complaints and compliments process, quality monitoring, service user survey, and tenants' meetings. Discussions with staff indicated that the agency's confidentiality policy and procedure is understood by agency staff.

The agency maintains systems to evaluate the quality of service provided, in a manner which takes into account the views of service users and their representatives. The monthly quality monitoring, annual service user evaluation survey record consultations with service users.

Service user's comments

- 'The staff are caring and compassionate at all times. There is a true kindness in all their dealings'.
- 'They get to know you personally, they listen to what you say'.
- 'The girls are absolutely excellent'.
- 'The care couldn't be any better'.

Staff comments

- 'Tenants are treated in a compassionate, caring and non-judgemental way, their values and contributions are respected.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that the agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff, and key policies are retained in the office used by staff daily.

The agency maintains and implements policy relating to complaints and compliments. The inspector noted that no complaints were received during the reporting period of 1 April 2015 to 31 March 2016.

The inspector noted that the governance systems implemented within the agency have resulted in quality improvement. Service improvements noted at the last inspection of 25 April 2015 have been sustained and further developed.

The inspector saw evidence of a systematic approach to reviewing available information with the aim of improving safety and quality of life for service users at Fairholme Supported Living and across the wider organisation. This includes the agency's governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA. The inspector saw evidence of learning from safeguarding incidents, including review of procedures and practice.

The management structure of the agency is clearly defined and was well understood by staff and service users. Staff who provided feedback to the inspector were informed of their responsibilities and understood their roles. Written and verbal guides to daily roles and responsibilities were available to staff on a daily basis. There was evidence of regular and effective staff supervision and appraisal.

The agency has experienced a period of management change and currently has an acting registered manager in place. The provider has agreed a plan with RQIA to ensure that an appropriately qualified and experienced registered manager is appointed within a specified timescale. It was noted that the agency has improved the quality of care provided to service users whilst undergoing a period of management change.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary (2015, 2016). Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders which are valued by staff.

Staff could describe lines of accountability and knew when and who to discuss concerns with. The inspector was informed that staff were confident that managers would listen to and address their concerns and suggestions. Staff described immediate line managers and senior managers as being approachable and having an 'open door policy'. Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. There are systems of supervision and consultation, both inside and outside of normal working hours.

Service user's comments

- 'The managers are all very efficient and deal with any problems with concern and kindness.'

Staff comments

- 'Fairholme is a good place to work, our views are always welcomed and valued.'
- 'Senior and management staff work very hard to ensure a quality service.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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No requirements or recommendations resulted from this inspection.

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 person/manager from their responsibility for maintaining compliance with the regulations and standards.



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