

Unannounced Care Inspection Report 6 February 2019



Fairholme Supported Housing

Type of Service: Domiciliary Care Agency
Address: 29 Annadale Avenue, Belfast, BT7 3JJ
Tel No: 02895043005
Inspector: Kieran Murray

www.rqia.org.uk

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

Fairholme Supported Housing is a domiciliary care agency supported living type located in the Belfast Health and Social Care Trust area which provides personal care and housing support to 30 service users with a learning disability, physical ill health, mental ill health, elderly care and complex needs. The service users are supported by 24 staff.

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust	Registered Manager: Mr Luciano Croskery
Responsible Individual: Mr Martin Joseph Dillon	
Person in charge at the time of inspection: Mr Luciano Croskery	Date manager registered: 27 April 2016

4.0 Inspection summary

An unannounced inspection took place on 6 February 2019 from 09.55 to 17.00.

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

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- staff inductions and training
- care reviews
- supervision and staff development reviews
- professional body registrations
- management of complaints
- management of incidents

No areas requiring improvement were identified during the inspection.

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 Mr Luciano Croskery, registered manager and Mr Thomas Mc Corry, senior coordinator 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 13 October 2017

No further actions were required to be taken following the most recent inspection on 13 October 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection report
- record of notifiable incidents
- record of complaints
- correspondence with RQIA since the previous inspection

During the inspection the inspector met with four service users, the registered manager, senior coordinator, two staff, one visiting professional and one service users' representative.

The following records were examined during the inspection:

- four service users' care and support plans
- service users' care review records
- Health and Social Care Trust (HSCT) assessments of needs and risk assessments
- record/evaluation of care records
- a sample of monthly quality monitoring visit reports
- a sample of staff meeting minutes
- a sample of family and carer meeting minutes
- records relating to staff training, including induction training
- records relating to staff supervision
- records relating to staff development reviews
- complaints records
- incident records
- records relating to adult safeguarding
- staff rota information
- a range of policies relating to the management of staff
- Safeguarding adults in need of protection policy
- Whistleblowing policy
- Data Protection policy
- Statement of Purpose
- Service User Guide

The registered manager was asked to distribute 10 questionnaires to service users/family members. Five service users and one relative questionnaires were received prior to the issue of the report.

The feedback received on the questionnaires will be reflected in the body of the report.

At the request of the inspector, the registered manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

The inspector requested that the registered manager place a 'Have we missed you?' card in a prominent position in the agency to allow service users, and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the agency.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 October 2017

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 13 October 2017

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.

The inspector reviewed staffing arrangements during the inspection. The agency has a mechanism in place to ensure that appropriate pre-employment checks are completed prior to staff commencing work and these are satisfactory.

The agency has a human resources (HR) department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The registered manager described the procedure for ensuring that staff are not provided for work until all necessary checks have been completed and confirmed that the outcome of these checks are retained by the HR department.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations. Staff stated that they are required to attend a Trust corporate induction programme and that they shadowed other staff members during their induction. The inspector spoke to two staff that provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by other staff members and the registered manager.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The registered manager advised the inspector that any gaps in the rota are covered by the existing agency staff.

Service users' comments:

- "XXX is always at hand if you need help."

Relatives' comments:

- "Overall, I am very happy."

Staff comments:

- "There is a lot of training."
- "If I had concerns I would say."

Community keyworker comments:

- "Staff are very tuned into XXX needs."

Examination of records indicated that a system to ensure that staff supervision and staff development reviews are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and staff development reviews in line with policy and procedure; records provided to the inspector confirmed this.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training records which indicated compliance with regulation and standards. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. Mental Health, Final Journey, Trust Values and Bereavement training.

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 adults (2016) that was in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance.

It was positive to note on the day of the inspection that the name of the Adult Safeguarding Champion was displayed in different areas throughout the agency.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that the agency had made a number of safeguarding referrals to the HSCT since the last inspection 13 October 2017 and that they had been managed appropriately.

The inspector received feedback from staff which indicated that they are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

Discussions with the registered manager confirmed that no restrictive practices were in place on the day of the inspection.

The inspector noted that evidence of review of service users' needs took place on an annual basis or sooner if required.

On the day of the inspection the inspector reviewed the reporting and management of incidents within the agency. It was noted that a number of accident/incidents had taken place since the last inspection 13 October 2017. The inspector examined these records and found that the agency had dealt with them in accordance with its procedure and policy.

The inspector noted that the agency had received a number of complaints since the last inspection 13 October 2017 and that these complaints were managed in accordance with the agency's policy and procedure. The inspector noted the complainants were fully satisfied with the outcomes.

The inspector also noted a number of thank you cards, letters and emails from relatives and students who were on placement in Fairholme Supported Housing.

Of five questionnaires returned by service users and one by a relative; all indicated they were 'very satisfied' care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, supervision and staff development reviews, training, adult safeguarding and risk management, management of incidents/accidents and complaints.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

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 (2018) and Service User Guide (2018). The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. However, it was identified that the Statement of Purpose (2018) and Service User Guide (2018) did not include information on independent bodies to support service users and staff if the need arose to make a complaint. The inspector also noted that age groups of services users were not recorded accurately on both documents. Following the inspection and within an agreed timescale with the manager, the agency forwarded information that provided the necessary assurances that the Statement of Purpose and Service User Guide was updated to reflect this necessary information. The inspector reviewed the information and found them both to be satisfactory.

The inspector reviewed four service users' care and support plans. The inspector was informed that care and support plans are reviewed on a six monthly basis or sooner if required. The records evidenced that the agency carries out reviews with service users if changes to their needs are identified. The inspector examined annual reviews in place and the records were satisfactory. The inspector noted service users and their representative's attendance and participation at all reviews.

Staff spoken with or consulted on the day of the inspection confirmed they were provided with details of care planned for each service user.

Feedback received by the inspector from staff and the service users' representatives indicated that service users have a genuine influence on the content of their care plans.

Service users' comments:

- "I was up at XXXX in June or July for my review."
- "I reviewed my own risk assessment."

Relatives comments:

- "I see and sign my XXX care plans."
- "I attend the reviews every year and I have a voice."

Staff comments:

- "I get job satisfaction."

Community keyworkers comments:

- "XXX and his agency keyworker have attended community reviews in XXXX."

The agency has developed and maintained 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 managers who have a good working 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 as appropriate and community keyworkers, and progress on improvement matters.

The inspector noted the following comments made by a relative and community keyworker during quality monitoring visits:

Relative comments:

'XXX father loved Fairholme and XXX he had seen a fantastic change in XXX since moving in.'

Community keyworker comments:

'XXX has settled well in Fairholme and is maintaining her independence due to staff encouragement and support.'

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The staff described effective verbal and written communication systems within the staff team, including the use of a diary, allocation sheets and verbal handovers.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including speaking with service users routinely on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff as they wished and appeared to enjoy good relationships with staff.

Review of team meeting records indicated that team meetings took place on a monthly basis; the registered manager and staff who spoke to the inspector verified this and staff also informed the inspector that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that communication is good.

Review of the service user meeting records indicated that service user meetings took place on a two monthly basis. The inspector noted that service users were updated on issues such as complaints, activities, new furniture, changes in staffing and new service users. The activity coordinator informed the inspector that service users are supported by staff at the service user meetings to devise their activity planner for coming months.

The inspector examined the Service User, Relatives and Community Professionals Questionnaires 2018 and noted positive results within all questionnaires. The inspector examined the agency’s activity audit and noted positive results. The registered manager completes a monthly management report to the Trust. The inspector examined the reports and found them to be satisfactory. A Service Development Plan 2018/2019 for Fairholme Supported Housing was available in the office for staff.

Of five questionnaires returned by service users and one by a relative; all indicated they were ‘very satisfied’ care was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain 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.

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress.

The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff. Service users who wished to speak to the inspector were provided with privacy as appropriate.

A number of service users invited the inspector into their home. The inspector evidenced photographs of service users and their families enjoying social events and personal celebrations.

The inspector noted photographs throughout the service user's homes and the agency of service users enjoying social events supported by staff.

On the day of the inspection the inspector evidenced seven service users planning a trip to a nearby shopping centre supported by staff. Other service users informed the inspector that they attended their family homes and shops by use of taxis and local bus services.

The inspector noted a mosaic on the agency wall designed by a service user. The erecting of the mosaic was carried out by Radius Housing and a local supermarket provided cakes/buns for a social event to mark to the erecting of the mosaic.

It was evident that the agency staff and community keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff and family support.

Feedback/observation from the service users indicated that staff have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that the agency had made particular efforts to facilitate service users to achieve goals and participate in activities of their choice.

The agency maintains a range of quality monitoring systems to evaluate the quality of services provided, including monthly monitoring reports which specifically ascertain and include the views of service users' and their representatives. As discussed in section 6.5.

Service users' comments:

- "My XXX took me to Newcastle."
- "The staff and tenants are very nice and polite."
- "You get plenty of space to do your own thing."

Relatives comments:

- "The staff are good, they can have a laugh with XXX."
- "The staff spoil him rotten."

Of five questionnaires returned by service users and one by a relative; all indicated they were 'very satisfied' care was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified in this domain 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.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of established management and governance have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers. Feedback from staff indicated that they are confident that managers would listen and respond to their concerns. In addition staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team.

The agency maintains a comprehensive range of policies and procedures. Policies and procedures are maintained on both an electronic system and paper format and accessible to all staff. However, the inspector noted that the disciplinary policy and adult safeguarding policies were out of date. The inspector evidenced the registered manager and senior coordinator discussing the out dated policies with the Trusts Human Resources Department and Adult Safeguarding Team and was given assurances that these would be addressed.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager could discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- individual risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the referral information received from the HSCT.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

Relative comments:

- “The service is well led.”

Staff comments:

- “It is very easy to communicate with XXX.”

Community keyworkers comments:

- “XXX has a good leadership style.”

Of five questionnaires returned by service users and one by a relative; all indicated they were ‘very satisfied’ the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain 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 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care