

# Unannounced Care Inspection Report 10 February 2020



## Fairholme Supported Housing

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

[www.rqia.org.uk](http://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 27 service users with a learning disability, physical ill health, mental ill health, elderly care and complex needs. The service users are supported by 23 staff.

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced inspection took place on 10 February 2020 from 09.00 to 12.00.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

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

There were examples of good practice identified throughout the inspection in relation to the agency's processes for staff induction, supervision/appraisal, training and adult safeguarding and risk management. Care records were noted to be person centred and well maintained and there was evidence of effective communication with relevant stakeholders. There was evidence that care and support was provided in an individualised manner. The culture and values of the agency promotes treating service users with dignity and respect and maximising their independence. There was evidence of effective governance and management systems in place.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of autonomy, equality, choice, care planning, decision making, privacy, dignity, confidentiality and effective service user engagement.

No areas for improvement were identified during this inspection.

The inspector would like to thank the senior care coordinator, the service users and staff for their support and full co-operation throughout the inspection process.

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
<b>Total number of areas for improvement</b>	0	0

#### 5.0 How we inspect

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

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

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

- discussion with the person in charge
- examination of records
- consultation with service users and staff
- evaluation and feedback

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referenced within the report.

During the inspection the inspector spoke with the person in charge, two staff members and two service users. Feedback received by the inspector during the course of the inspection is reflected in this report.

#### Service user comments

- "All staff are excellent."
- "No problems or complaints."
- "The staff are approachable."
- "You can speak with the manager or staff at any time."

#### Staff Comments

- "Supervision and training are both good."
- "Great staff communication."
- "We all support each other."
- "Our focus is on the importance of continued independence for service users."
- "The manager has an open door policy for all."

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten questionnaires were also provided for distribution to the service users and their representatives; four responses were returned showing evidence of good satisfaction levels; analysis and comments are included within the report.

## Comments

- "I am very satisfied with Fairholme."

### 6.0 The inspection

### 6.1 Inspection findings

#### 6.2 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The agency's systems in place to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the process for ensuring that required staff pre-employment checks are completed. It was identified that staff recruitment is managed and co-ordinated by the organisation's Human Resources (HR) department. Details and all information relating to individual staff recruitment are retained by the HR department.

Discussions with the person in charge indicated that they had a good understanding of the recruitment process and the need for robust systems to be in place. The person in charge stated that staff are not provided to deliver care and support to service users until all required pre-employment checks have been satisfactorily completed.

Discussions with staff and records viewed indicated that the agency's induction programme is in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are provided with an initial induction and in addition are required to shadow other staff employed by the agency. It was identified that staff are required to complete induction training in a range of key areas such as care planning. Staff talked positively about their induction and indicated that it had provided them with the knowledge and skills to meet the needs of service users and fulfil the requirements of their roles. The reports of quality monitoring audits viewed indicated that an audit of staffing arrangements is reviewed monthly.

Staff who spoke to the inspector stated that shadowing other staff provided them with the opportunity to become familiar with the needs of the service users and ensured that they are introduced to service users prior to providing care.

It was noted that the agency provided supervision/ appraisal to staff; the records of ten staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies. Staff indicated that they participate in developing individual training and development plans as part of the appraisal process. It was positive to note that records relating to supervision and appraisal were retained in a well organised manner.

It was identified that the agency has a system in place to ensure that staff are registered appropriately with the relevant regulatory body. The agency retains details of the registration status and expiry dates of staff required to be registered with the Northern Ireland Social Care Council (NISCC). Details of staff registration status are recorded electronically. The registration status is reviewed with staff at their supervision and provided assurances that staff are not supplied for work if they are not appropriately registered. Records viewed indicated that staff were registered appropriately.

The staff could describe the process for identifying individual training needs and their responsibility for ensuring that training updates are completed. Staff are required to complete a range of mandatory training and in addition training specific to the individual needs of service users. Staff stated that their training had equipped them with the required knowledge and skills for their job role. They described the value of the additional training received in improving the quality of care they provided and demonstrated a clear understanding of service users' human rights in all aspects of their lives.

The agency has an electronic system for recording staff training; it is reviewed by the inspector. The records viewed indicated that staff had completed relevant training. Records viewed and feedback received evidenced that staff complete training in a range of areas such as moving and handling, medication, dementia awareness and adult safeguarding. In addition it was positive to note that a range of key areas are discussed during the initial induction. Other training provided to staff included: human rights, dementia training, quality 2020, swallowing awareness and mental health awareness.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the ASC and the process for reporting adult safeguarding concerns appropriately and in a timely manner.

The Adult Safeguarding Position Report for the agency was not available; the person in charge stated that they would liaise with the ASC in relation to obtaining a copy of the report that will be reviewed during the next inspection.

Service users who spoke to the inspector could describe what they would do if they had any concerns in relation to safety or the care and support provided. They indicated that they could speak to staff or the manager at any time and felt that their concerns would be listened to.

Discussions with the staff and records viewed relating to adult safeguarding evidenced that the agency has a process for maintaining a record of referrals made in relation to adult safeguarding with regard to alleged or actual incidences of abuse.

Staff had a clear understanding of their role and responsibility to identify and report actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

Discussions with the staff and service users indicated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of individual service users. Discussion with staff during of inspection highlighted no concerns in regards to them having appropriate time to undertake their duties in accordance with individual service users' care plans.

Staff confirmed that care is provided to service users by a core staff team to help provide continuity of care and develop positive relationships. It is felt that this can have a positive impact on the service users' experience in accordance with their human rights such as privacy, dignity and respect. There were no concerns raised with the inspector in relation to the service users' needs being met. Staff are aware of the need to respect and promote the rights of service users; staff could describe the impact that any restrictive practices could have for service users.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to a service users health, welfare and safety. The staff could clearly describe the process for assessing and reviewing risk. Records indicated that comprehensive risk assessments and care plans had been completed in conjunction with service users and their representatives.

Staff who spoke to the inspector were knowledgeable regarding the needs of individual service users'. Staff described the value of ensuring that service users are supported in a person centred manner, where their preferences, choices and views are considered. Staff could describe the importance of ensuring service users were encouraged to discuss any concerns they had and the need to balance risk with the choices and human rights of individual service users.

Service users who spoke to the inspector stated that they had choice and indicated that staff listened to them and respected decisions made. In addition they indicated that staff talk to them about their care and support needs.

Staff and service users who spoke to the inspector stated that they felt care was being provided in a safe manner. Staff could describe how they observe service users, identifying any change in dependency, ability or behaviour and take appropriate measures to promote/ensure the safety and wellbeing of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, dignity, respect and choice.

Care records viewed were noted to make reference to human rights, choices and views of service users. Care plans were noted to be reviewed three monthly in conjunction with service users.

Information relating to service users was noted to be retained securely. Staff could describe the importance of storing information confidentially and securely and in accordance with data protection guidelines.

The agency's office accommodation is located in the same building as the homes of the service users and accessed from a shared entrance.

The office is suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection records were stored securely and in a well organised manner and that computers were password protected.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment, induction, supervision, training, adult safeguarding and management of risk.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3 Is care effective?

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

The agency's arrangements for appropriately responding to, assessing and meeting the needs of service users were reviewed during the inspection. The agency's Statement of Purpose and Service User Guide contain details of the nature and range of services provided. The Service User Guide contains details of human rights and the value base of the agency it also includes details of the expected conduct of staff providing the care and support.

The agency's data protection policy details the processes for the creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be retained in an organised and secure manner. It was identified that staff had received information relating to record keeping and confidentiality during their induction programme. It was good to note that all staff had attended General Data Protection Regulation (GDPR) training and have also completed both Level 2 and 3 of Deprivation of liberty (Dols) training.

Service user care records viewed during the inspection were noted to include referral information received from the relevant HSCT representatives. The review of the service user care records identified that they were individualised and contained a range of assessments and care plans. Discussions with staff indicated that they endeavour to provide care in an individualised manner.

Care plans viewed were noted to outline a detailed account of the care and support required. In addition, they contained details of specific choices made by service users and made reference to their human rights.

The staff could describe the processes used for supporting service users and where appropriate their relatives to be engaged in the care planning and review processes. The inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided. It was positive to note that the human rights of service users were clearly recorded in their individual care and support plans.



Service users who spoke to the inspector stated that they felt respected and valued and that staff listen to their views and respect their choices in relation to the care and support they receive.

The agency contributes to reviews involving the service users' HSCT keyworkers as appropriate. The inspector noted some of the comments made by service user and carers during their annual review:

- "I'm happy with the level of support."
- "I am very happy here."
- "Helpful and attentive staff."
- "Everything is excellent."
- "I'm quite content here."
- "All the staff are brilliant."
- "The help from staff is suitable."

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users and observations made by the inspector evidenced that staff communicate appropriately with service users. The staff stated that the communication needs of service users are considered as part of the referral and assessment process.

The staff could describe the processes used to develop and maintain effective working relationships with relatives, HSCT community keyworkers and other relevant stakeholders.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care required to be provided to all service users'. Staff discussed the methods used to ensure information is communicated and shared in a timely manner.

The agency facilitates both tenants and staff meetings; staff stated that they are encouraged to attend and provided with the opportunity to express their views and opinions. The agency records details of matters discussed; it was noted that staff are encouraged to reflect on practice to identify areas for improvement and lessons learnt. The inspector noted some of the areas for discussion during meetings:

### **Tenants meetings**

- Staffing
- Activities
- Environment
- New tenants
- Infection control
- Housing updates
- Reviews

### **Staff meetings**

- Safeguarding
- Tenant updates
- NISCC

- RQIA
- Mental capacity act
- Accidents/incidents
- Complaints
- Medication
- Training

The service users who spoke to the inspector stated they had no concerns regarding the conduct of staff providing the care and support. No issues regarding communication between the service users, relatives and staff from the agency were raised.

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. These include processes to obtain feedback from service users and their relatives.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s communication and engagement with service users, the provision of care in a person centred manner and where appropriate their relatives and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.4 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 inspector sought to assess the agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was noted that staff receive information in relation to equality, human rights and confidentiality during their corporate induction programme. Staff discussed ways to protect service users’ confidentiality. Discussions with staff and service users, observations made and records viewed during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care and support is provided.

Staff who spoke to the inspector could describe how service users can make choices about the care, support and assistance they receive and provided assurances that service users have the right to refuse any aspect of their care. Staff discussed the risks that may arise due to some choices made by service users and could describe the process for raising concerns

with the manager in relation to any identified risks. Staff could provide many examples of how they promote the human rights and outcomes for service users day to day.

Service user care records viewed by the inspector were noted to include details relating to the needs of service users and their individual choices and preferences. Service users who spoke to the inspector could describe how they are supported to make decisions about the care and support they received.

Staff described how they endeavour to provide the care and support in a person centred manner and also in supporting service users to socialise together. They could describe the processes used for effectively supporting service users in making informed choices.

Staff could describe the value of developing a good rapport with service users, and the need to be mindful of their individual needs, wishes and preferences.

The inspector discussed arrangements in place relating to the equity 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 in a safe and effective manner.

It was identified that staff had been provided with equality/diversity awareness information during their induction programme. The staff could describe how the information provided, equips them to engage with a diverse range of service users.

Staff described how they consider ways of improving the service provided; they described the methods used to ensure that care is provided in a person centred manner to suit the individual needs and preferences of the service users.

Discussions with service users and staff provided evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- promotion of effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in a person centred way
- risk assessment and care planning

From records viewed and discussions it was identified that the agency has a range of methods for recording comments made by service users and/or their representatives. Records of care review meetings, daily recording notes, service user meetings, one to one engagement and reports of quality monitoring visits indicated ongoing engagement with service users and where appropriate other relevant stakeholders.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process, quality monitoring visits, service user and care review meetings. The inspector noted that the agency's quality monitoring process has assisted in the evaluation of the quality of the service provided and in identifying areas for improvement.

Staff and service users who contributed to the inspection indicated that they felt care provided was compassionate; service users advised that staff treat them with dignity and respect.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred, compassionate care and the effective engagement with service users, and where appropriate their relatives and other relevant stakeholders with the aim of improving the quality of the service provided. There was evidence that the agency had arrangements in place for consistently promoting human rights; this has led to good outcomes for service users.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.5 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 reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is currently managed on a day to day basis by the manager supported by a number seniors and support staff.

Staff could describe the process for obtaining support and guidance at any time including out of hour arrangements. Staff who spoke to the inspector indicated that they felt supported in their role and could approach the manager at any time.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, service user meetings, care review meetings and the one to one keyworker meetings. Staff who spoke to the inspector stated that they had good working relationships with the manager and senior team.

The agency has a range of policies and procedures which are retained electronically; staff can access. The policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards. Policies viewed included:

- Safeguarding (2019)
- Whistleblowing (2019)
- Confidentiality (2019)
- Complaints (2019)

The agency's complaints policy outlines the process for managing complaints; discussions with the staff indicated that they have an understanding of the actions to be taken in the event of a complaint being received. Service users could describe the process for raising concerns; this indicated that they have access to clear and fair processes for getting their views heard in line with their human rights and to raise and resolve concerns or complaints.

The agency has a pro-forma for recording details of any complaints received. It was noted from records viewed and discussions with the person in charge that the agency had received a small number of complaints since the previous inspection. Information viewed indicated that complaints had been managed in accordance with the organisation's policy and procedures. Complaints are audited on a monthly basis as part of the agency's quality monitoring system.

The agency keeps a record of compliments received; these were viewed by the inspector, comments included were very positive and respectful for the service provided. One relative stated:

- *"I'm extremely happy with my \*\*\*\* living here. Fairholme supports \*\*\*\* well and they can come and go as they please."*

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the indicated that the agency's governance arrangements promote the identification and management of risk.

Systems include the provision of the required policies and procedures, supervision of staff, monthly monitoring of staffing arrangements, complaints, accidents, safeguarding referrals and incidents including those notifiable to RQIA. Throughout the inspection the inspector viewed evidence of effective collaborative working relationships with relevant stakeholders such as HSCCT community representatives and relatives.

The inspector viewed evidence which indicated appropriate staff induction, training, supervision and appraisal. The person in charge and staff could clearly describe the rationale for regularly reviewing the quality of the services provided with the aim of improving the service provided.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff who spoke to the inspector had a very clear understanding of the responsibilities of their job roles; and the need to provide care in an individualised manner. It was noted that staff are provided with a job description at the commencement of employment.

Since the last inspection the registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

The organisation has developed a process for completing monthly quality monitoring audits. The inspector viewed the agency's quality monitoring reports of the visits completed since the previous inspection. Records viewed indicated that the process is effective and that an action plan is developed. The records were noted to include details of contact made with service users, and where appropriate their representatives.

The inspector noted some of the comments made during quality monitoring visits:

**Service users**

- “All the staff are great.”
- “Kind and caring staff.”
- “Staff are approachable and I am treated with dignity and respect.”

**Staff**

- “We value all the support and guidance.”
- “A good standard of care.”
- “Everyone goes out of their way to meet tenants’ needs.”

**Relatives**

- “\*\*\*\* is doing well, its impressive here.”
- “Staff are excellent.”
- “My keyworker is good.”

**HSC Trust Staff**

- “Staff are friendly, warm and very attentive to tenants.”
- “They are very knowledgeable.”
- “I am happy with the standard of care.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s governance arrangements including the quality monitoring process.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.



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