

Announced Care Inspection Report 7 January 2019



Hanna Street Supported Living

Type of Service: Domiciliary Care Agency
Address: 8 Hanna Street, Belfast, BT15 1GQ
Tel No: 02895042810
Inspector: Caroline Rix

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

Hanna Street Supported Living Service is a supported living type domiciliary care agency operated by the Belfast Health and Social Care Trust (HSC Trust) which provides care and support to 13 service users who have learning disability and additional complex needs. Ten service users live in a shared house at Hanna Street, and three service users are supported in single occupancy accommodation in the local area. The agency's aim is to promote and encourage independent living for adults with learning disabilities.

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust Responsible Individual: Martin Joseph Dillon	Registered Manager: Barbara McGarrity
Person in charge at the time of inspection: Barbara McGarrity	Date manager registered: 27/08/2009

4.0 Inspection summary

An announced inspection took place on 7 January 2019 from 09.45 to 15.30 hours.

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

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine 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 care records, reviews, communication between service users and staff and other key stakeholders.

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. The inspector would like to thank the service users and staff for their warm welcome and full cooperation throughout the inspection process.

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 the manager Barbara McGarrity and the area manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 5 February 2018

No further actions were required to be taken following the most recent inspection on 5 February 2018.

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 events for 2017/2018
- All communications with the agency by RQIA.

The inspector spoke with the manager, a senior support worker and a support worker to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Their feedback is contained within the body of this report.

As part of the inspection the inspector spoke with three service users and three relatives to obtain their views on the quality of services being provided. Their feedback is contained within the body of this report. The inspector spent a period of time observing the service users' interactions with staff.

The inspector requested that the manager place a 'Have we missed you'" card in a prominent position in the agency to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received.

The manager was asked to provide some service users/relatives with an RQIA survey/stamped addressed envelope asking for their views on the services they receive, seven surveys were returned to RQIA and their feedback is included within the body of this report.

The manager was also asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. One staff response was received by RQIA at the time of writing this report and feedback is included within the report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Two staff recruitment records
- Three staff supervision records
- Three staff appraisal records
- Three staff training records
- Staff training plan
- Staff meeting minutes
- Staff NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide
- One service users' records regarding support plans, reviews and quality monitoring
- Service users house meeting minutes
- Three monthly monitoring reports
- Annual quality review report August 2018
- Communication records with other professionals
- Notification and incident records

- Complaints log
- Compliments log and records

The findings of the inspection were provided to the manager Barbara McGarrity and the area manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 February 2018

The most recent inspection of the agency was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 5 February 2018

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 agency's staff recruitment process is managed by the organisation's human resources (HR) department. The inspector visited the HR department on 6 December 2018 and examined a sample of individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Documentation viewed by the inspector indicated that there is robust recruitment systems in place to ensure all required checks have been satisfactorily completed prior to staff being provided into service users homes. The manager could describe the process for obtaining confirmation from their HR department that new staff is available to commence employment.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records confirmed that all staff are registered with The Northern Ireland Social Care Council (NISCC). The manager discussed the system in place to identify when staffs are due to renew registration with NISCC.

The induction programme for new staff was viewed, which includes a detailed induction procedure and support mechanisms in place which is compliant with Regulation 16(5) (a). Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff over a six month period that included

a shadowing system. The manager had signed all records to confirm that staff members had been deemed competent at the end of their probationary period.

The inspector noted the staff team remains stable with no new staff appointed during 2018. The staffing arrangements enable the agency to provide familiar staff to service users who require continuity.

The inspector reviewed the agency's training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training. Records of training and staff feedback indicated that staff attends a range of training necessary to meet the individual needs of service users and to develop their knowledge and skills. The organisation has a learning and development team to assist managers to ensure that learning objectives have been met, and to identify future learning needs.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures. Staff described the value of the various supervision meetings with the manager and senior staff. Staff confirmed senior staffs are approachable at any time for support and guidance.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Safeguarding' protocol provided clear information and guidance as required; in line with (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The details of the agency's Adult Safeguarding champion with key responsibilities are detailed in their procedure.

The manager demonstrated a clear understanding of safeguarding issues; and could describe the procedure to be followed which is in accordance with the agency's protocol and procedures. One safeguarding report had been received in the past year and records viewed confirmed this matter had been managed appropriately with the outcome of the investigation not yet concluded.

The agency's whistleblowing policy and procedure was found to be satisfactory, and had been review by the organisations policy committee 11 January 2018. Staff demonstrated a clear understanding of the whistleblowing procedure.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust.

Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users.

The returned questionnaires from service users/representatives indicated that they were 'very satisfied' that safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns.

Staff commented during inspection:

- “Our training is excellent; I have been provided with training on-going which is great, it helps me do the job to my full potential, even now I am older they are investing in me with QCF training.
- “I have worked here 2 years and am just finishing the QCF level 2 course which has given me so much confidence; I really enjoyed doing this training.”

The returned questionnaire from staff indicated that they were ‘satisfied’ that the care was safe.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified 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. One care and support plan was reviewed by the inspector which had a strong person centred focus, was up to date, and clearly detailed the service users’ needs and how they wished these to be met. The file contained records of the care and support provided and evidenced the views and choices of the service user.

Service users are supported to participate in regular reviews involving their HSC Trust keyworker. The manager described how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care and support plans which are reviewed at agreed intervals or as required.

The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing complex situations involving the well-being and safety of service users. It was clear from discussions and observations that the staffs have an excellent knowledge of the service users’ needs.

The majority of service users have lived at Hanna Street for a period of time and it was clear from observed interactions that the staff have a good understanding of the service users’ differing modes of communication; both in terms of their verbal and non-verbal communication needs such as hand gestures and facial expressions.

A relative commented during inspection:

- “I am very happy. Staff are not good, they are fantastic. They have very creative ideas to help xxx (service user) with their daily fluid restrictions. Staffs help xxx to learn their lines for drama shows and must know every word off by heart as well.”

A service user commented:

- “I am very happy in my flat, xxx my keyworker and I have known each other from 1997, and I can talk to her about everything.”

The returned questionnaires from service users/representatives indicated that they were or ‘very satisfied’ that effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations.

A comment included on one relatives survey stated:

- ‘I am delighted with the care my relative receives at Hanna Street. Staff go the extra mile. We as a family are very grateful for the kindness of staff, each and every one of them.’

Staff commented during inspection:

- “Best job ever, I love seeing the service users live full lives and enjoying their friendships/family time/social activities/holidays. Service users are like an extension of my own family, I treat them the same way.”
- “I helped take service users to Blackpool on holidays, it was quite intense, but I found it fantastic to see the service users enjoyment- we all had a whale of a time, and I feel more confident in my own ability to manage situations after this experience.”

The returned questionnaire from staff indicated that they were ‘satisfied’ that the care was effective.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders and the monitoring of the quality of the services provided.

Areas for improvement

No areas for improvement were identified 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. 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.

Service users are given choice regarding activities and support with examples such as meal planning and food choices viewed, and the staff were knowledgeable as to the type of activities they like to do and the support required. For example, a service user was supported and encouraged to follow their eating plan developed with the speech and language therapist. The inspector observed, during the inspection, a relaxed but busy atmosphere with lots of laughing and friendly conversations between service users, staff and visitors. Service users were seen to be given choices and encouraged to decide a variety of aspects of their daily activities.

Examples of some of the comments made by the relatives spoken with are listed below:

- "All staff are great and Barbara is a marvellous manager leading by example. My relative has lived here since it opened years ago, we have never known such wonderful staff, who genuinely care about all the service users. Staff keep family up to speed with any changes to xxx (service user), who was ill recently and they did everything possible to help their recovery. Family could not wish for a better service for our relative."
- "We have seen how good staff are when service users pass away. I know relatives of deceased service users are invited and attend our 'Friends of Hanna Street' barbeques and parties, which is wonderful."
- "My relative has a great keyworker, who keeps me informed of all the little changes with xxx. I know xxx is very well cared for and supported."

The inspector viewed evidence of effective communication with service users and their representatives, including a complaints process, quality monitoring reports, and regular support plan reviews between keyworker, service users and relatives.

Compliments from service user's/ representatives and other professionals reviewed during inspection provided the following example in support of compassionate care:

- 'Compliments to the staff on the quality of service provided. There is a good interaction with service users and staff, no concerns and communications are good.' (Verbal feedback from the community nurse).
- 'Excellent care is provided at Hanna Street. Those who attend the day centre have their choices supported and the service user speak highly about the positive life they enjoy there.' (Feedback from a day-care manager at service user's review).

The inspector discussed the recording of compliments with the manager, as the positive feedback was not being captured consistently by staff, rather noted on monthly monitoring reports or minutes of review meetings. The inspector viewed a sample of over 30 Christmas cards and thank you notes received during December 2018. The manager agreed to review their process to consistently be recording compliments when received.

Records of service user weekly house meetings were viewed, which indicated that they had discussed a wide variety of topics, for example; holiday planned/Christmas shopping, tickets for shows and entertainment and 'how to keep safe', new furniture choices agreed.

Service users commented:

- "I am very happy here, I love xxx my key worker."
- "I had a good Christmas with my family and got lots of presents."
- "I have no problems living here, everyone is good to me."

The returned questionnaires from service users/representatives indicated that they felt 'very satisfied' that compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

One comment from a service user noted on their survey stated:

- 'I love Hanna Street. It is very good.'

The returned questionnaire from staff indicated that they were 'satisfied' that the care was compassionate. The staff survey included the following comment:

- 'I love working in Hanna Street. I do not have any concerns; the quality of care given to service users is second to none.'

Staff commented during inspection:

- "Down side of the job is when a service user becomes ill, passes away or needs to move home to have their needs met elsewhere-thankfully this is rare."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing service users and their representatives.

Areas for improvement

No areas for improvement were identified 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 management and governance established by the organisation have been implemented at the agency.

The agency's Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. The day to day operation of the agency is overseen by a manager, deputy manager, eight senior care and support workers and a team of support staff.

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily.

The agency maintains variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey. The inspector noted the feedback received by the agency following their annual satisfaction survey in August 2018 was very positive, with no suggestions for improvement received. A summary report had been shared with service users, representatives, staff and the HSC Trusts in September 2018.

Monthly monitoring reports were viewed for October to December 2018. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by an area manager who has a good working knowledge of the service.

Each report contained a summary of service user, relatives and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The records included details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation, finance and training.

The agency maintains and implements a policy relating to complaints. The inspector noted no complaints had been received since the last inspection.

A review of incident reports documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures. There were a small number of incidents noted since the last inspection, none of which needed to be notified to RQIA.

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. This was acknowledged during the observations of service user and staff interactions during the inspection.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed. Staff were able to discuss the ways in which their development and training enables them to engage with a diverse range of service users.

Discussions with the staff highlighted 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 included:

- effective communication
- service user involvement
- safeguarding
- advocacy
- human rights
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

The agency's commitment to equality and individual person centred care is an area of positive practice and is to be commended.

The returned questionnaires from service users/representatives indicated that they felt 'very satisfied' that the service was well led and meant:

- You know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service.

Staff commented during inspection:

- "Management are always available, approachable and supportive."
- "There is great team work here, the paperwork can be an issue when I feel my time would be better spent with service users, but we all understand the need for it to be completed."

The manager discussed their new service user record keeping format. The sample viewed has been developed with input from staff and is scheduled to be implemented this year, with the aim to simplify the service user's files.

The returned questionnaire from staff indicated that they were 'satisfied' that the service was well-led.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified 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.



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