



The **Regulation** and
Quality Improvement
Authority

Ward House
RQIA ID: 11042
Ward House Supported Living Scheme
16 Cronston Court
Bangor
BT19 7YU

Inspector: Jim McBride
Inspection ID: IN021734

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**Unannounced Care Inspection
of
Ward House Supported Living Scheme**

2 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 2 November 2015 from 09.00 to 14.00. Overall on the day of the inspection it was found that improvements in relation to recruitment practices and staff supply was necessary to ensure safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

Actions/Enforcement Taken Following the Last Inspection

No further action is required to be taken following the last inspection.

1.1 Actions/Enforcement Resulting from this Inspection

In accordance with RQIA's Enforcement Policy and Procedures, a meeting was held at RQIA offices on 13 November 2015 to discuss RQIA's intention to issue failure to comply notices to the agency in respect of non-compliance with: Regulation 13, Regulation 16 (5) (a) and Regulation 21 (1) as identified during the 2 November 2015 inspection.

At this meeting representatives of the responsible person and the registered manager provided a full account of the actions they have taken and the arrangements they have made and will continue to make, to ensure the improvements necessary to achieve full compliance with the regulations. RQIA considered the matter and decided not to serve failure to comply notices in regard to the above regulations. RQIA will continue to monitor the quality of service provided by the agency.

1.2 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	0

The details of the QIP within this report were discussed with representatives of the South Eastern Health and Social Care Trust and the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: South Eastern Health & Social Care Trust Mr Hugh McCaughey	Registered Manager: Heather Cruise
Person in charge of the agency at the time of Inspection: Heather Cruise	Date Manager Registered: 19 November 2012
Number of service users in receipt of a service on the day of Inspection: 43	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following theme has been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection report and quality improvement plan (QIP).
- Incident records.
- Records of contact with the agency since the last inspection.

During the inspection the inspector met with the registered manager and one individual who had been supplied from another domiciliary care agency. Two service users spoke with the inspector; all comments have been added to this report.

The following records were examined during the inspection:

- Six 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 for April, May, June, August and September 2015
- Service users meetings for October 2015
- Staff training records:
 - Vulnerable adults
 - Complaints
 - Human rights
 - Records relating to staff supervision
- Complaints records
- Staff rota information

During the inspection questionnaires were completed by five staff. At the request of the inspector the manager was asked to distribute questionnaires to staff for return to RQIA. Two questionnaires were returned.

These indicated that the staff were either satisfied or very satisfied with the following:

- Service users' views are listened to
- The agency's induction process prepared you for your role
- The agency operates in a person centred manner
- Service users receive care and support from staff who are familiar with their needs
- You will be taken seriously if you were to raise a concern?

Staff written comments:

“I feel that the service users receive an excellent standard of care.”

“The service is personalised to meet their needs.”

“I’m satisfied that Ward House provides an excellent person centered care, with service users’ needs always a priority.”

“I shadowed staff for two days during my induction.”

“The service has grown over the years and has given the staff an opportunity to test their knowledge and skills.”

At the request of the inspector the manager was asked to distribute a number of questionnaires to the service users to be completed asking them about various aspects of their care. Three questionnaires were completed during the inspection and three questionnaires were returned to the RQIA following the inspection.

These indicated that service users were either satisfied or very satisfied with the following.

- The support you receive
- Staff responds to your needs
- Staff help you feel safe and secure here.

Service users’ written comments:

• “I feel that Ward House can sometimes be understaffed.”

• “Sometimes staff are doing admin and don’t have the time to chat about things. This means I have to wait until the next day.”

• “Occasionally if staff are unable to come to my house other arrangements have to be made.”

• “Occasionally if staff are unable to come to my house, I would go to another house for lunch I’m happy with this.”

5. The Inspection

The agency is a supported living type domiciliary care agency that provides service to adults with learning disabilities who live at a number of addresses in the Bangor area. The agency’s registered office is located at Ward House, 16 Cronston Court, Bangor. Under the direction of the Manager, Mrs Heather Cruise a staff group of 43 provides a range of support and personal care services to 43 service users. The staff provide support to service users to enable them to live full and valued lives, as independently as possible. Service users are actively encouraged to be part of the community in which they live and are supported to maintain their interests and leisure pursuits. The current service users’ tenancies are held with a range of, housing associations and the HSC Trust.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 18 November 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 5 Schedule 1 (2)</p>	<p>The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as “the statement of purpose”) which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>This requirement relates to the nature and range of the service.</p> <p>The registered person shall supply a copy of the statement of purpose to the Regulation and Improvement Authority.</p> <p>Action taken as confirmed during the inspection: An updated statement of purpose was not available for review during the inspection.</p>	<p>Not Met</p>
<p>Requirement 2</p> <p>Ref: Regulation 14 (d)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(d) so as to ensure the safety and security of service users’ property, including their homes. The service user’s individual financial agreements will have to be further developed to reflect any payments made by them for food, utilities costs and any reimbursements received.</p> <p>This requirement refers to the charges made to service users for utility costs associated with agency staff use of areas of the premises to which service users have little access to and do not have exclusive possession of.</p> <p>The agency must also describe reimbursements received by the service users for any overcharging experienced in relation to utilities.</p> <p>Action taken as confirmed during the inspection: The inspector saw evidence of calculations in relation to utilities as well as updated finance agreements. The manager described the arrangements in place for reimbursements. The records in place were satisfactory.</p>	<p>Met</p>

<p>Requirement 3</p> <p>Ref: Regulation 14 (d)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided— So as to ensure the safety and security of the serine users' property including their homes.</p> <p>This requirement relates to: Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: Records in place were satisfactory. The manager stated that only senior staff have access to the coded safe.</p>		

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. This was last updated in April 2011; no other copy was available for inspection. Since the inspection the RQIA have been informed that the HSC Trust is in the process of updating the recruitment policy. During the inspection the agency's alphabetical list of staff was requested and the inspector was provided with a list of staff that had been supplied to work in the homes of service users. From discussion with the registered manager and examination of duty rotas, it was evident that the alphabetical list provided for inspection did not include all staff supplied or available for supply. In particular it excluded a number of staff who had been sourced by the registered manager from other agencies one of which was not registered as a domiciliary agency by the RQIA..

The agency has a structured induction programme lasting at least three days; this was confirmed by the staff members interviewed and in staff questionnaires. However, records requested were not available for a number of staff from other agencies. An urgent action notice was issued to the registered manager in relation to induction records that must be in place for all agency workers.

The agency has a procedure for verifying the identity of all staff prior to their supply, and the manager assured the inspector that no staff are supplied unless this procedure is followed. A procedure is in place for emergency induction arrangements if required and this was examined by the inspector. However, a number of records were not in place.

The agency has a policy and procedure in place outlining staff supervision and appraisal which details the frequency of both. This was verified by staff during the inspection. Records

maintained of supervision and appraisal demonstrated that the frequency was in accordance with the agency's policy and procedure.

Is Care Effective?

Discussions with the manager indicated that an appropriate number of skilled and experienced persons are available at all times either from existing agency bank staff or from other domiciliary care agencies. This was verified by the examination of the staff rotas available.

The manager described the agency's processes to assess the suitability of staff. The inspector viewed a range of documentation that demonstrated how staff are provided with a clear outline of their roles and responsibilities.

Discussion with the manager and examination of training records evidenced that the agency has a process in place to identify and respond to training needs.

The registered manager further advised the inspector that there is a system in place for verifying the identity of agency staff when they report for duty. However, a number of records requested by the inspector were not in place including:

- Induction records
- Training records

At the inspection of the 2 November 2015, the agency's records of staff induction for agency staff were requested. The registered manager was unable to describe a three day structured induction programme or provide evidence that induction and training had been provided to the staff from the other agencies.

At the meeting on 13 November 2015 with representatives of the registered provider reflected on the action plan submitted to RQIA the day after the inspection.

Representatives of the registered provider confirmed that the actions had been completed and provided assurances in relation to the immediate implementation of further actions planned.

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements. The manager described how the agency discusses staffing arrangements with service users. The manager stated that staffing arrangements affecting individual service users is discussed with them one to one or at tenants meetings as required.

Discussions with the manager indicated that service users are prepared in advance of significant staff changes where possible.

Staff comments:

"I had a good induction."

"The induction prepared me for my role."

"I had lots of help from staff."

"I would say the induction was very comprehensive."

Service users' comments:

"It's great here."

"I'm happy with staff."

"Staff help me with shopping and going out."

"I get support for what I want to do."

Areas for Improvement

During the inspection of the 2 November 2015 it was highlighted to the manager that some staff were supplied from an agency not registered with the RQIA. In light of feedback received the manager took immediate action to resolve the situation. The manager and the HSC Trust's immediate actions provided assurances about the safety of service users.

At a meeting with the agency on the 13 November 2015, the RQIA discussed with the agency their concerns about the supply of staff without pre-employment checks being undertaken combined with the lack of assurances about the implementation of induction procedures.

Representatives of the registered person gave an assurance that they will be rolling out specific three day induction procedures and produced evidence of the pro forma to be used.

During discussions with the registered manager and examination of duty rotas during inspection, it was evident that the alphabetical list provided for inspection did not include all staff supplied or available for supply, in particular it excluded a number of staff who had been sourced by the registered manager from a number of other agencies.

The agency presented to RQIA an up to date alphabetical list of staff during the meeting of the 13 November 2015.

Number of Requirements:	3	Number of Recommendations:	0
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Additional Areas Examined

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency was ascertaining and responding to the views of service users, relatives, professionals and staff. At the meeting held with the agency on the 13 November 2015, the representatives of the registered person and the registered manager, advised RQIA of areas identified for improvement that will now be addressed on a monthly basis.

Complaints/Compliments

Records of complaints from 1 January 2014-31 March 2015 were examined. There were six complaints within the time period specified and these were resolved satisfactorily.

The inspector noted the positive comments made by service users during the annual review of the quality of service provision, completed by the agency.

Service users identified their satisfaction in relation to:

- My home
- Staff
- Choice
- Self-advocacy
- Tenants meetings
- Independent advocacy
- Complaints
- Emergences

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager Heather Cruise as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 5 Schedule 1 (2)</p> <p>Stated Second Time</p> <p>To be completed Immediately.</p>	<p>The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as “the statement of purpose”) which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>This requirement relates to the nature and range of the service. The registered person shall supply a copy of the statement of purpose to the Regulation and Improvement Authority.</p> <p>This requirement has been restated as records were not available during the inspection of the 2 November 2015.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Statement of Purpose has been updated to reflect the nature and range of the service. A copy of the amended statement of purpose is attached.</p>
<p>Requirement 2</p> <p>Ref: Regulation 13 Schedule 3</p> <p>Stated: First time</p> <p>To be Completed by: Immediately</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The SEHSCT can confirm that with immediate effect there are no staff working in/or for Bangor Supported Living which are not either employees of the trust or employees of an appropriately registered organisation with RQIA.</p> <p>The registered manager for Bangor supported living has terminated with immediate effect on 02/11/15 the use of any staff supplied from Keenan Healthcare Ltd. Given that this organisation is not registered with RQIA. The manager has cancelled all future shifts that had been scheduled.</p> <p>The South Eastern HSC Trust as part of their pre-employment checks ensure that all information detailed in respect of schedule 3 of the Domiciliary Care agencies regulations 2007 are in place prior to commencement of post. This information is retained by the respective human resources department from within the trust.</p> <p>Information pertaining to any staff supplied from a recruitment agency is provided and held locally for all staff that are employed in Bangor Supported Living. The trust can confirm that individual information for all</p>

	<p>staff currently supplied by an independent agency is held locally on file.</p> <p>The registered manager has now collated a portfolio of all current recruitment agency staff that are used within Bangor Supported Living. The registered manager will ensure that prior to commencing post that all relevant information is supplied and kept on file locally for any staff working in Bangor Supported Living from an independent recruitment agency.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 16 (5) (a)</p> <p>Stated: First time</p> <p>To be Completed by: immediately</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that— (a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered manager has now collated the current induction programmes carried out and has developed this into a new induction programme for all new staff which lasts for a minimum of 3 days.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 21 (1)</p> <p>Stated: First time</p> <p>To be Completed by: immediately</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>(b) retained for a period of not less than eight years beginning on the date of the last entry; and (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Information pertaining to any staff supplied from a recruitment agency is provided and held locally for all staff that are employed in Bangor supported living. The trust can confirm that individual information for all staff currently supplied by an independent recruitment agency is held locally on file this includes.</p> <p>The registered manager has now collated a portfolio of all current recruitment agency staff that are used within Bangor Supported Living. The registered manager will ensure that prior to commencing post that all relevant information is supplied and kept on file locally for any staff working in Bangor Supported Living from an independent recruitment agency.</p> <p>The alphabetical index of all domiciliary care workers, both Trust and agency staff, has been updated to include all staff and has been shared with all service users in Bangor Supported Living.</p>		
<p>Registered Manager Completing QIP</p>	<p>Heather Cruise</p>	<p>Date Completed</p>	<p>10/12/15</p>
<p>Registered Person Approving QIP</p>	<p>Bria Mongan</p>	<p>Date Approved</p>	<p>23/12/15</p>

RQIA Inspector Assessing Response	Jim McBride	Date Approved	
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