Unannounced Care Inspection Report
04 January 2018

The Croft Community

Type of Service: Domiciliary Care Agency
Address: 71 Bloomfield Road, Bangor, BT20 4UR
Tel No: 0289145 9784
Inspector: Amanda Jackson

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

The Croft Community at 71 Bloomfield Road, Bangor is a supported living domiciliary care service which provides twenty four hour care and support to twenty eight service users who have a learning disability and complex needs.

3.0 Service details

Organisation/Registered Provider: The Croft Community Ltd **Responsible Individual:** Mr Clive Evans	**Registered Manager:** Mr Alan Hutchinson
Person in charge at the time of inspection: Mr Alan Hutchinson	**Date manager registered:** 26 January 2016

4.0 Inspection summary

An unannounced inspection took place on 04 January 2018 from 09.00 to 15.30.

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 during and 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 a number of areas of service delivery and care records and was supported through review of records at inspection. Feedback from service users, families, staff and a Health and a Social Care Trust (HSCT) professional during the course of the inspection was positive with four service users, seven staff, one relative and one HSCT professional presenting positive feedback.

Five areas were identified for improvement and development. These related to regular review of service users support needs, staff supervision and appraisal in line with the required timeframes. Submission of the annual quality report to RQIA and review of complaints records has also been stated.

Service users, family and the professional communicated with by the inspector, presented positive feedback regarding the service provided by The Croft Community in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report and were shared with the manager post 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.

Following discussions with the service users, one family member, the staff and one HSCT professionals it was noted there was evidence overtime of positive outcomes for service users.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Mr Alan Hutchinson, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 17 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 January 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 and Quality Improvement Plan (QIP)
- record of any notifiable events for 2016/2017
- record of any complaints notified to the agency

On the day of inspection the inspector spoke with four service users who are supported by The Croft Community to obtain their views of the service.

The inspector also spoke with the Manager and seven support workers.

Following the inspection the inspector spoke with one family member by telephone. The inspector also spoke with one HSCT professional during the inspection process to obtain their views of the service. The service users spoken with have received assistance with the following:

- social support
- support with personal care needs
- support with medication management
- support with budgeting

At the request of the inspector, the 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 questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users/family members. No questionnaires were returned.

The following records were examined during the inspection:

- A range of policies and procedures relating to safeguarding and whistleblowing.
- Three new staff members' recruitment and induction records.
- Three long term staff members' supervision and appraisal records.
- Three long term staff members' training records.
- Staff training matrix.
- Staff supervision matrix.
- A range of staff rota's.
- Statement of purpose.
- Service user guide.
- Three long term service users' records regarding ongoing review, and quality monitoring.
- Three service users' home records.
- Service user/tenant meeting minutes.
- Three monthly monitoring reports.
- Annual quality report 2016-17.
- One complaint summary.
- Two incident records.
- One compliment.

One area for improvement was identified at the last care inspection on 17 January 2017.

The findings of the inspection were provided to the Manager and the Registered Provider at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 January 2017

The most recent inspection of the agency was an unannounced care inspection dated 17 January 2017.

6.2 Review of areas for improvement from the last care inspection dated 17 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 8.12 **Stated:** First time	The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in the process.	**Not met**
	Action taken as confirmed during the inspection: Discussions with the Registered Provider and Registered Manager confirmed the 2017-18 annual review is only currently underway and hence this area for improvement has not been met. The inspector requested submission of the annual report for 2017-18 to be submitted to RQIA with the QIP for this report.	

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 was advised by four service users, one family member and one professional spoken with that the safety of care being provided by the staff at The Croft Community was of a very good standard.

Policies and procedures relating to staff recruitment and induction were held on site. The Manager confirmed all policies are accessible on the service information system and in hard format.

The Manager verified all the pre-employment information and documents would have been obtained as required through the services recruitment process. Three new staff members have been recruited within the service since the previous inspection and review of these staff records supported appropriate procedures in place.

Review of staff induction processes for the three new staff members confirmed appropriate processes in place in accordance with the appropriate regulations and standards. The service is currently fully staffed and do not avail of agency staff at this time.

Discussions with the manager and support staff confirmed all staff members' are currently registered with NISCC with exception to one recently commenced staff member. The staff member had been in employment for two weeks at the point of inspection but had not completed the NISCC application process; this matter was discussed with the registered provider and manager for follow up post inspection. A system for checking staff renewal of registration with NISCC has been implemented by the organisation. The Manager provided evidence of a staff registration checking process for renewal of registration but acknowledged that the current system does not review annual payment by staff whereby registration could lapse; the inspector recommended review of this element of staff registration. A range of communication methods to be used by the agency to inform staff of their requirement to renew registration were discussed and will include discussion during staff supervision and staff meetings.

Staff spoken with during the inspection where able to describe their registration process and what registration with NISCC entails and requires of staff on an ongoing basis.

No issues regarding the carers' training were raised with the inspector by the service users, families or professionals.

Three of the four service users spoken with confirmed that they could approach the support staff if they had any issues and were satisfied matters would be addressed. The Manager confirmed communication with the service users' is ongoing and includes interaction with the Health and Social Care Trust (HSCT) professionals and families. Service users, family and the professional spoken with confirmed communication is good and in a timely manner. The HSCT professional stated 'communication in respect of incident reporting' had required attention and this is currently under review with the service. Examples of some of the comments made by the service users, families and the HSCT professional are listed below:

- "The staff are good".
- "We have 100% faith not in the service".
- "Staff know their clients very well".

The agency's policies and procedures in relation to safeguarding adults and whistleblowing where discussed with the staff team and confirmed as available. The agency has revised their policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff spoken with at inspection where knowledgeable in respect of their roles and responsibilities regarding safeguarding. All staff spoken with where familiar with the new regional guidance and revised terminology and where familiar with the 'safeguarding champion' in the organisation.

The inspector was advised that the agency had no safeguarding matters arising since the previous inspection which were reportable to RQIA. Staff spoken with during inspection presented an appropriate understanding of their role in whistleblowing and where able to clearly describe the process.

Where issues regarding staff practice are highlighted via processes such as complaints or safeguarding, the manager confirmed processes which would be used to address any matters arising. Review of two staff competence matters which had arisen since the previous inspection again supported processes in line with agency procedures.

Staff training records viewed for 2016-17 confirmed all staff were in the process of completing the required mandatory update training programme. The training records reviewed in staff files for 2016-17 contained a number of the required mandatory training subject areas and additional training specific to the service needs. Training is facilitated through the agency and external trainers with practical training in areas such as restrictive practices as required. Review of staff records confirmed mandatory training in line with agency procedures. Discussion during inspection with support staff confirmed satisfaction with the quality of training offered. Staff confirmed accessibility to additional training as required.

Records reviewed for three staff members evidenced mandatory training compliant with agency policy timeframes. The manager discussed how staff supervisions are not currently in accordance with the agencies timeframes and this has been highlighted as an area for improvement. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and good systems of daily communication.

The manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. Review of three service users' records evidenced ongoing review processes not in line with policy timeframes of annually or more regular as necessary; an area for improvement has been stated. Records had been signed in some service user files by those involved including the service users where appropriate. Communication with service users, family and one HSCT professional during inspection supported a process of ongoing review with service user involvement. The manager confirmed that trust representatives were contactable when required regarding service user matters, and communication with HSCT professionals was confirmed during inspection discussions.

Service users, family and the HSCT professional communicated with by the inspector, and review of agency rotas suggested the agency have appropriate staffing levels at present. Discussions with staff suggested additional staffing levels would support the service; this feedback was shared with the manager during inspection.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

No service user or staff questionnaires were received post inspection.

Areas of good practice

There were examples of good practice found during the inspection in relation to systems and processes around staff training. Staff supervision and appraisal were not found to be in line with agency policy timeframes and hence an area for improvement has been stated. Checking processes in respect of staff NISCC registration annually were discussed with the manager. Review of service users' support needs where found to be ongoing. Feedback from service users, family and the HSCT professional provided positive feedback in respect of support provided to service users by the agency and this feedback was shared with the manager during inspection.

Areas for improvement

Three areas for improvement were identified during the inspection and relate to ongoing regular review of service users support needs. Staff supervision and appraisal processes require review in line with the services policy timeframes.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

The inspector was informed by the four service users', family and an HSCT professional spoken with that there were no matters arising regarding the support being provided by the staff at The Croft Community.

No specific issues regarding communication between the service users, families, staff and professionals were raised with the inspector. The HSCT professional did highlight that incident reporting had required review in recent times and this is being kept under review ongoing. Reviews were discussed with service users who confirmed they were involved in reviewing their support needs. The manager confirmed service users and other stakeholders are currently receiving a questionnaire to obtain their views of the service as part of the 2017-18 annual quality review process. The inspector discussed the need to incorporate findings from all stakeholders into a complete annual review of the service and ensure any actions requiring review are clearly detailed. This matter has been restated from the previous inspection and hence the 2017-18 annual report has been requested for submission to RQIA with the QIP of this report. Service user feedback has been ongoing over time together with relative and professional feedback through periodic service user reviews, and through monthly monitoring completed in the service. These processes were confirmed during inspection however monitoring was not found to be in line with agency policy timeframes; an area for improvement has been stated in the section above 'Is care safe'. Review of monthly monitoring during inspection supported a process taking place in accordance with appropriate timeframes but did not include feedback from all houses, service users, relatives, staff and professionals periodically. Discussion during inspection and further submission of the December 2017 and January 2018 monthly reports supported a proactive approach to moving this matter into compliance with regulations and standards; the inspector was satisfied with the information presented and hence did not state an area for improvement.

Examples of some of the comments made by service users, family and an HSCT professional are listed below:

- "We go out to a lot of activities".
- "The service is very very good".
- "SU's appear very happy in the Croft Community".
- "Everyone is very supportive with xxx".
- "Feedback from family during reviews is always very positive".

Service user records included reviews completed by the agency with the trust reviews taking place periodically; service users views are obtained and incorporated were appropriate. Review of support plans within the agency did not support a regular ongoing process but did involve service users and keyworkers when completed; the support plans are signed by some but not all service users as detailed under the previous section. Involvement in reviews was discussed with service users during inspection and all confirmed involvement in this process.

The service has not introduced any new service user since the previous inspection. The manager confirmed the statement of purpose and service user guide would be provided to new service users at introduction to the service.

The agency maintains recording sheets for each service user on which support staff record their daily input. The inspector reviewed three completed records and found the standard of recording to be generally good.

Staff spoken with during inspection demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager if any changes to service users' needs are identified. Staff discussed ongoing quality monitoring of service users' needs to ensure effective service delivery. Staff described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect.

No service user or staff questionnaires were received post inspection.

Areas of good practice

There were examples of ongoing support and review provided by staff and communication between service users, family, support staff and other key stakeholders. Feedback from service users, family and the HSCT professional was positive regarding the effectiveness of service support.

Areas for improvement

Two areas for improvement were identified during the inspection in respect of regular ongoing review of service users support needs as previously stated under the section 'is care safe'. The annual quality report for 2017-18 is required for submission to RQIA as this area of improvement has been restated from the previous inspection.

	Regulations	Standards
Total number of areas for improvement	1	1

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 service users, family and HSCT professional spoken with by the inspector felt that care was compassionate.

Views of service users are sought through periodic review processes and during monthly monitoring. Examples of some of the comments made by the service users, families and professionals during the inspection are listed below:

- “I like staff and get on well with them”.
- “We're very pleased with the care offered and provided".
- "We have 100% faith in the service".
- "The staff are so, so caring".
- “Service users are well looked after”.
- " I am very happy with the service, family generally state they are very happy that their family is living in the Croft Community".

The agency implements service user quality review practices periodically. Quality monitoring from contacts during monthly quality visits evidenced positive feedback from service users alongside HSCT professionals, family and staff feedback.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service users’ wishes, dignity and respect.

No service user or staff questionnaires were received post inspection.

Areas of good practice

There were examples of good practice found during the inspection in relation to the provision of compassionate care discussed by service users, families, the HSCT professional and staff on the day of inspection.

Areas for improvement

No areas for improvement were identified during the inspection in respect of regulations and standards.

	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.

All of the people spoken with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Positive feedback received during inspection has been referenced under the previous three sections and further detailed below. Comments made by staff, families and the HSCT professionals include:

- “"The service users are like family".
- "Good training, support and communication".
- "Everything is person centred around what the service users want to do".
- "I feel fewer activities at times would be beneficial for service users as they have such a full schedule during the week and at weekends and get tired".

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the current manager, the agency provides domiciliary care/supported living to twenty eight adults living within The Croft Community.

The agency’s complaints information viewed was found to be appropriately detailed and included reference to independent advocacy services.

The policies and procedures are maintained on the service information system and in hard format and the contents discussed with the manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently within policies reviewed during inspection. Staff spoken with during inspection confirmed that they had access to the agency’s policies and procedures. Staff confirmed that revised policies and procedures are discussed at staff meetings which take place on an ongoing basis.

The complaints log was viewed for 2016-2017, with one complaint arising in 2016. Records of this complaint could not be located during inspection; an area for improvement has been stated.

Discussion with the manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA. Three medication incidents had arisen since the previous inspection and were reportable to RQIA in line with the required procedures and timeframes. Review of two incidents during inspection supported appropriate procedures in place and follow up staff supervision and competency assessments.

The inspector reviewed the monthly monitoring reports for September, October and November 2017. The reports evidenced that the monthly monitoring is carried out independently by a previous service manager. Monthly monitoring was found to be in accordance with minimum standards regarding input from service users, family, staff members and professionals but did not cover all of the houses and stakeholders periodically. Submission of the December 2017 and January 2018 reports to RQIA for review supported a proactive approach to moving this matter into compliance with regulations and standards and hence an area for improvement was not stated.

Discussion with seven support staff during inspection indicated that they felt supported by their manager and within the staff team at The Croft Community. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with professionals involved with the service were evident during the inspection and supported an open and transparent process in respect of appropriately meeting service users need. Communication with one family member and one HSCT professional during inspection supported an open communication process with staff at The Croft Community.

No service user or staff questionnaires were received post inspection.

Areas of good practice

There were examples of good practice found during the inspection and supported during discussions with service users, family and an HSCT professional. Monthly monitoring of services and maintaining relationships with key stakeholders were also evident.

Areas for improvement

One area for improvement has been identified during the inspection and relates to complaints records being maintained in line with Regulation 22.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Alan Hutchinson, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 15 (3) (b) **Stated**: First time **To be completed by**: 04 April 2018	(3) The registered person shall— (b) keep the service user plan under review;
	Response by registered person detailing the actions taken: The Registered Manager in agreement with Care Managers from the SE H&SC Trust have implemented a revised annual programme of reviews which will align care/support plans, risk assessments to a specific month each year, this will facilitate the review of service user plans which can be signed off by Croft staff, parents and carers and care managers at the review meeting. The same date will be used to update our iplanit system to enable us to record task delivery as an ongoing part of the care support plan for each service user.
Area for improvement 2 **Ref:** Regulation 22 (8) **Stated**: First time **To be completed by**: Immediate from the date of inspection and ongoing	The registered person shall maintain a record of each complaint, including details of the investigations made the outcome and any action taken in consequence and the requirements of Regulation 21(1) shall apply to that record.
	Response by registered person detailing the actions taken: The Complaints Register has been updated.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 **Ref**: Standard 8.12 **Stated**: Second time **To be completed by**: 01 March 2018 and submitted to RQIA with the QIP for review	The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in the process.
	Response by registered person detailing the actions taken: The annual survey has been sent out to parents/carers and Trust representatives of our supported living service, an evaluation and report will be made available end of March 2018. In addition to this our service users provide feedback through external monitoring visits and tenants association meetings, we also plan to introduce an annual questionaire for service users following consultation with them regarding the format that will be used.

Area for improvement 2 **Ref**: Standard 13.3 **Stated**: First time **To be completed by**: 04 April 2018	Staff have recorded formal supervision meetings in accordance with the procedures.
	Response by registered person detailing the actions taken: We will ensure that all grades of staff receive supervision as per standard 13 through direct line management and monthly supervision with service leads and seniors by the registered manager who will update records and action accordingly. Supervision database to be updated on a monthly basis.
Area for improvement 3 **Ref**: Standard 13.5 **Stated**: First time **To be completed by**: 04 April 2018	Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.
	Response by registered person detailing the actions taken: Management and service leads will agree and prioritise programme for appraisals for all staff with overdue dates and expedite for the incoming year.

Please ensure this document is completed in full and returned via Web Portal

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews