

Unannounced Care Inspection Report 14 February 2019



The Croft Community

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

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

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

<p>Organisation/Registered Provider: The Croft Community</p> <p>Responsible Individual: Ms Linda May Wray</p>	<p>Registered Manager: Mr Alan Hutchinson</p>
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(registration pending applied 22 January 2019)	
Person in charge at the time of inspection: Supported Living Lead	Date manager registered: 26 January 2016

4.0 Inspection summary

An unannounced inspection took place on 14 February 2019 from 10.00 to 16.00.

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:

- supervision and appraisal procedures
- care reviews
- mechanisms in place to obtain feedback and views from service users
- arrangements in place to ensure service users experienced equality of opportunity

Areas requiring improvement were identified in relation to:

- staff training
- recruitment procedures
- complaints recording

The comments of service users and staff have been included within the report.

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 responsible individual, manager, supported living lead, service users and staff for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Alan Hutchinson, registered 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 04 January 2018.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 04 January 2018 .

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 inspection report and QIP
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the responsible individual, registered manager and supported living lead
- examination of records
- consultation with staff and service users
- evaluation and feedback

During the inspection the inspector met with three service users and three staff members.

The following records were viewed during the inspection

- four service users' care records
- risk assessments
- review records
- monthly quality monitoring reports
- annual report
- staff induction records
- staff training records
- records relating to staff supervision and appraisal
- complaints log
- incident records
- Statement of purpose
- Service User Guide

Questionnaires were provided during the inspection for completion by service users and /or relatives; one staff questionnaire was returned to RQIA.

At the request of the inspector, the person in charge was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received.

The inspector requested that the person in charge display 'Have we missed you' card within the premises; no responses were received. In addition information leaflets were provided for display outlining the process for raising concerns about Health and Social Care services.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 04 January 2018.

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 4 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (3) (b) Stated: First time	(3) The registered person shall— (b) keep the service user plan under review;	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the agency have instigated a programme of annual reviews in conjunction with the South Eastern Health and Social Care Trust (SEHSCT). Reviews were being conducted on the day of inspection and the inspector viewed evidence of annual reviews in three service users' files.	
Area for improvement 2 Ref: Regulation 22 (8) Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: This area for improvement will be restated. The inspector noted a complaint had been recorded as part of monthly monitoring but had not been included in a complaints log and	

	outcomes and actions described.	
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: Second 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.	Met
	Action taken as confirmed during the inspection: The inspector viewed the annual report 2017/2018 and was advised that surveys to inform the 2018/2019 report were underway.	
Area for improvement 2 Ref: Standard 13.3 Stated: First time	Staff have recorded formal supervision meetings in accordance with the procedures.	Met
	Action taken as confirmed during the inspection: Staff files viewed during inspection evidenced supervision in accordance with the procedures.	
Area for improvement 3 Ref: Standard 13.5 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Staff files viewed during inspection evidenced appraisal in accordance with the procedures	

6.3 Inspection findings

6.4 Is care safe?

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

The inspector reviewed the agency's systems to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

The organisation's recruitment policy details the system in place for ensuring that required staff pre-employment checks are completed prior to commencement of employment.

The manager stated that they review the application information to ensure that the pre-employment checks have been satisfactorily completed for any new staff; the manager also stated that staff are not provided for work prior to the completion of pre-employment checks and induction. The inspector viewed recruitment records for two recently recruited staff and noted that in one file the gaps in employment required exploration and recording. In another staff member's record whilst there were two references there was no explanation regarding the absence of a reference from a recent employer. It was identified that the agency does not currently have in place a statement by the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform, as detailed in Regulation 13(d) Schedule 3. These recruitment matters are areas for improvement.

Staffing levels within the agency were discussed with the person in charge who confirmed that at present there are sufficient numbers of staff to meet the needs of service users but that recruitment is ongoing. Discussions with the person in charge and staff demonstrated 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 the service users.

The inspector reviewed staff induction records; those viewed and further discussion with the person in charge indicated that the induction is at least three days as outlined within the domiciliary care agencies regulations. It was identified that staff are required to complete mandatory training, orientation and shadow other staff employed by the agency during their initial induction.

Staff could describe the details of the induction programme provided; they indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

It was identified that the agency maintains an individual record for all staff detailing training completed and details of registration status with relevant regulatory bodies such as Northern Ireland Social Care Council (NISCC). Staff could describe the process for identifying gaps in training in conjunction with the organisation's training department. However it was evident on the day of inspection that there were gaps in staff mandatory training. This has been identified as an area for improvement.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal. Records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that no safeguarding referrals were made to the Trust since the last inspection 04 January 2018.

The inspector received feedback from staff which indicated that they are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response; they also indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

Staff comments

"There is a turnover of staff at the moment but all shifts are covered"

“Trust professionals are very approachable.”

Service user comments

“I am very happy here, staff are good, I know who to call if I need help.”

“I love living here, I am well looked after.”

One questionnaire from a staff member received post inspection was satisfied that the service was delivering safe care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation supervision and appraisal.

Areas for improvement

There were areas of improvement identified in respect of staff recruitment and training.

	Regulations	Standards
Total number of areas for improvement	1	1

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 responding to, assessing and appropriately meeting the needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely. The inspector noted that staff had received training relating to record keeping, confidentiality and data protection.

A review of two service users’ records identified that they were comprehensive, personalised and reflective of the individuals’ preferences.

Discussions with the staff indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits have been completed recently by the applicant responsible individual and a comprehensive action plan has been developed.

The agency’s systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Observations of staff interaction with service users during the inspection and discussions with service users and staff provided evidence that staff communicate effectively with service users.

Staff interviewed on the day of the inspection confirmed they were provided with details of care planned for each service user. The inspector noted how staff within the agency had ensured that revised guidelines in respect of food texture descriptors had been made available where

required to ensure care plans from speech and language therapists were adhered to. Feedback received by the inspector from staff and service users' indicated that service users have a genuine influence on the content of their care plans.

Staff comments

"This is their home we are here to support, they must have choice."
 "My induction opened my eyes to the fact that we were here to empower."

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users', staff, relatives as appropriate and community keyworkers, and progress on improvement matters.

The person in charge could describe the methods used to develop and maintain effective working relationships with SEHSCT representatives and other relevant stakeholders. It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff as they wished and appeared to enjoy good relationships with staff.

Review of team meeting records indicated that team meetings took place on a regular basis; the manager and staff who spoke to the inspector verified this. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that communication is good.

Review of tenant meeting minutes by the inspector showed the views of service users are taken into account in planning and making decisions. Service users were updated about matters within the organisation and encouraged to have their say.

One questionnaire from a staff member received post inspection was satisfied that the service was providing effective care.

Areas of good practice

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

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. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

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

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

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

The inspector noted that the agency had worked very closely with SEHCT staff to meet the needs of a service user with complex needs and make it possible for the service user to stay in their own home.

Service users' comments

"I go out shopping, I go on my holidays, and I like the staff."
"Staff are good to me."

Staff comments

"We ensure service users are independent and part of the community."
"Croft definitely meets the needs of service users."
"It's a great wee life for service users."

One questionnaire from a staff member received post inspection was satisfied that the service was providing compassionate care.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified 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 reviewed the management and governance systems in place within the agency to meet the needs of the tenants; it was identified that the agency has effective systems of management and governance in place.

The organisational structure of the service was clearly reflected in the service user guide. The day to day operation of the agency was overseen by the manager, supported living lead, senior staff and a team of care staff. Linda Wray who has recently been appointed to the organisation is the responsible individual (registration pending). Ms Wray met with the inspector at the outset of the inspection and discussed how she had undertaken recent quality monitoring of the service.

Staff spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the manager in positive terms.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed. RQIA had been notified of any reportable incidents. The inspector noted that a complaint pertaining to incidents within the service was recorded as part of monthly monitoring but had not been recorded within the complaints log. This matter was discussed with the manager and had been an area for improvement in the inspection on 4 January 2018 and will now be restated.

The inspector discussed arrangements in place in relation to the equality of opportunity for tenants and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of the tenants. The agency collected equality data on tenants such as; age, gender, race, disability, marital status via the commissioning trust referral information.

The inspector viewed the annual report 2017/2018 and was advised that surveys with key stakeholders to inform the 2018/2019 report were underway.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the tenants and staff.

Staff comments

“Management are very approachable.”
 “There is an open door policy from management.”

One questionnaire from a staff member received post inspection was satisfied that the service was well led.

Areas of good practice

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

Areas for improvement

One area for improvement will be restated 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 Alan Hutchinson, registered 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 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 22(8) Stated: Second 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. Ref: 6.7 Response by registered person detailing the actions taken: Individual complaints books introduced to all supported living houses, procedure for reporting to management to be reviewed / updated.
Area for improvement 2 Ref: Regulation 13 (d) Schedule 3 Stated: First time To be completed by: Immediate from the date of inspection and ongoing	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (d) full and satisfactory information is available to him in respect of each of the matters specified in Schedule 3 Ref: 6.4 Response by registered person detailing the actions taken: Recruitment procedures and application forms have been reviewed to highlight the requirement of two references one of which must be from a previous employer and any gaps in employment are highlighted.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 12.3 Stated: First time To be completed by: 14 June 2019	The registered person shall ensure that mandatory training requirements are met Ref: 6.4 Response by registered person detailing the actions taken: Training database has been updated and monthly monitoring is ongoing. Casual staff are required to update their training annually, if not they will be removed from list until training is complete.

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



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