



The **Regulation** and
Quality Improvement
Authority

The Croft Community
RQIA ID: 11045
71 Bloomfield Road
Bangor
BT20 4UR

Inspector: Joanne Faulkner
Inspection ID: IN022282

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**Unannounced Care Inspection
of
The Croft Community**

24 April 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 24 April 2015 from 10.00 to 16.00. Overall on the day of the inspection the agency was found to be delivering safe and compassionate care; the effectiveness of care was found to be good, however there are some areas identified for improvement. 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.

1.1 Actions/Enforcement Taken Following the Last Inspection

In light of concerns raised in an inspection on 14 March 2014 and a subsequent finance inspection on 7 May 2014 RQIA informed the responsible person of their intention to issue one Failure to Comply notice in respect of

The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Regulation 14 (b) and (d)

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 –

(b) So as to safeguard service users against abuse or neglect

(d) So as to ensure the safety and security of service users' property, including their homes

This related to the practice of agency staff consuming food which had been purchased by the service users.

At this meeting at RQIA offices on 21 May 2014, they provided a full account of the actions taken and set out a clear timescale for the proposed arrangements to make the improvements necessary to achieve full compliance with the required regulations. RQIA did not issue a Failure to Comply Notice and were satisfied that steps had been taken by the agency to address the identified breach of Regulations.

At the meeting on 21 May 2014 RQIA discussed concerns in relation to the agency's current arrangements for charging for personal care. During the meeting the responsible person informed RQIA these had ceased and that correspondence had been forwarded to the South Eastern Health and Social Care Trust, outlining previous charging arrangements.

A representative of the responsible person informed RQIA on 12 February 2015 that previous charging arrangements had been resumed pending further guidance from the SEHSCT and DHSSPS.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	0

The details of the QIP within this report were discussed with the acting manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: The Croft Community Yvonne McCaughren (Acting)	Registered Manager: Yvonne McCaughren (Acting)
Person in charge of the agency at the time of Inspection: Yvonne McCaughren (Acting)	Date Registered: 22 October 2009
Number of service users in receipt of a service on the day of Inspection: 12	

The Croft Community, a charitable organisation, is a supported living type domiciliary care agency located in Bangor. The agency provides care and support to service users with a learning disability.

At the time of inspection there were 12 service users receiving care and support from the agency; agency staff support them to maintain their tenancy, to develop independent living skills and to be involved in the local community. Specific services can include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and social activities, dependent upon service users' needs, interests and wishes.

Service users live in a shared bungalow and terraced accommodation, with five service users living in houses in close proximity to the registered office. Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

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 themes have been met:

Theme 1 - Staffing arrangements

Suitable staff are supplied to meet the assessed needs of service users

Theme 2 – Service User Involvement

Service users are involved in the care they receive

4. Methods/Process

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

- Discussion with the acting manager, team co-ordinator, and the Chief Executive Officer(CEO)
- Examination of records
- Consultation with stakeholders/Staff/Relatives
- File audit
- Evaluation and feedback

During the inspection the inspector met with two service users, two care staff, the acting manager, team co-ordinator and CEO; the inspector spoke to one professional and two relatives.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection

The following records were viewed during the inspection:

- Three 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
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints register
- Recruitment policy (November 2014)
- Pre- employment checklist
- Induction policy (November 2014)
- Supervision policy (November 2014)
- Appraisal policy (April 2015)
- Staff register/ information
- Agency's rota information

Staff questionnaires were completed by six staff during the inspection; they indicated the following:

- Service users' views are taken into account in the way the service is delivered
- Staff are very satisfied that the induction process prepared them for their role
- Staff are aware of the agency's whistleblowing policy
- Staff are satisfied that the care is delivered in a person centred manner
- Concerns raised are taken seriously
- Staff are satisfied that they are familiar with service users care needs

One individual stated that 'the care service users get is excellent'.

One individual who completed a questionnaire provided feedback on their experience of staffing levels in relation to supporting service users to attend social outings in the community. This was discussed by the inspector with the acting manager prior to this report being issued. The inspector was satisfied that the agency considers the needs of individual service users when formulating staffing arrangements.

Service users' questionnaires were completed by six service users during the inspection; they indicated that:

- Service users are satisfied with the care and support they receive
- Service users are satisfied that they are consulted in relation to the quality of the service
- Service users feel safe and staff respond to their needs
- Service users are satisfied with current staffing levels

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the croft community was an announced finance inspection dated 7 May 2015. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 23 (1)	The registered person must make adequate arrangements to ensure that monitoring visits to The Croft Community are carried out in accordance with Regulation 23. The quality improvement plan must detail arrangements in place to ensure this achieved.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the agency has arrangements in place to ensure that monitoring visits are carried out in accordance with Regulation 23.	

<p>Requirement 2</p> <p>Ref: Regulation 16 (2) (a)</p>	<p>The registered person shall ensure that each employee of the agency –</p> <p>(a) Receives training and appraisal which are appropriate to the work he is to perform.</p> <p>This requirement refers to mandatory training in Safeguarding Vulnerable Adults and Infection Control.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that agency staff have received training in Safeguarding Vulnerable Adults and Infection Control. One staff member is booked to receive training on return to work following a period of absence.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 15 (6) (a) (12) (a)</p>	<p>The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user , the arrangements shall—</p> <p>(a) Specify the procedure to be followed after an allegation of abuse, neglect or other harm has been made.</p> <p>The procedure shall in particular provide for-</p> <p>(a) Written records to be kept of any allegation of abuse, neglect or other harm and of the action taken in response.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that a policy in place details the procedure to be followed after an allegation of abuse, neglect or other harm has been made. The inspector noted that there have been no safeguarding referrals since the previous inspection. Staff could describe the process to be followed.</p>		

<p>Requirement 4</p> <p>Ref: Regulation (16) (2)</p>	<p>The registered person must ensure that staff receive medication training at least every three years and an annual competency assessment. A competency assessment must also be completed after a medication error.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that staff had received medication training; the acting manager stated staff receive a competency assessment annually or following a medication error.</p>		

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 6 .4	It is recommended that the registered manager ensures the template used for risk assessments is revised to ensure that there is a person –centred holistic assessment of need for each service user.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the agency's risk assessment has been revised; records viewed detail identified risks, measures required to minimise/reduce the identified risk and an action plan.	
Recommendation 2 Ref: Standard 9.1	It is recommended that the registered manager ensures that the policy in relation to Restraint and Restrictive Practice is developed.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the agency has in place a Restrictive Practice policy, February 2015; it contains information relating to restraint.	

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 in place and a mechanism to ensure that appropriate pre-employment checks are completed. The agency maintains an alphabetical index of all domiciliary care workers supplied or available for supply for the agency; it was noted that the list is further broken down to detail the individual area of work. A record is maintained of those supplied on a temporary or short notice basis.

The agency has an induction policy in place it outlines the induction programme lasting at least three days which also includes shadowing staff members in the service users' homes; this was confirmed by the agency's staff. The agency maintains a record of the induction provided to all staff; it details information provided during the induction period. Staff are provided with a handbook and induction booklet, and have access to the agency's policies and procedures. Staff receive regular supervision during their induction period and an evaluation record maintained.

The agency has a procedure for the induction of short notice/emergency staff; the acting manager stated that staff are rarely used from another domiciliary care agency. The agency has procedure for verifying the identity of all supply prior to their supply; the documentation was viewed by the inspector.

The agency has policies and procedures in place for staff supervision and appraisal they outline the frequency and process to be followed. Records are maintained of supervision and appraisal and indicated that they are completed in accordance with the agency's policies and procedures. Staff undertaking supervision have received appropriate training.

Is Care Effective?

Discussions with the acting manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. Staff rotas viewed reflected staffing levels as described by the acting manager. The agency has a process in place to ensure that staff provided from another domiciliary care agency have the knowledge, skills and training to carry out the requirement of the job role. It was noted that staff rotas did not contain detail the full name of staff provided or a key to abbreviations used. A requirement has been made.

Following discussions with the senior support worker the inspector was provided with assurances that there is at all times an appropriate number of suitably skilled and experienced persons providing care to service users. Examination of available records reflected staffing numbers outlined by the acting manager. The inspector viewed the agency's staff rota for the forthcoming days and staff were allocated shifts as required.

Agency staff are provided with a job description which outlines the roles and responsibilities of their individual role. Staff could describe their roles and responsibilities and the process for reporting any training needs or concerns to their line manager.

Staff could describe the detail of the induction programme received and stated that they felt equipped to complete the requirements of their role. The agency maintains a record of induction which details regular evaluations completed with staff during the induction period.

Staff stated that they receive six monthly supervision and annual appraisal and that they are encouraged to highlight any training needs to their line manager at any time. The agency has a process to identify and respond to training needs; it was viewed by the inspector. The agency provides mandatory training to all staff and training specific to meet the needs of individual service users.

Staff providing supervision have received appropriate training; the agency's policy details the frequency of supervision and appraisal; staff also described instances when group supervision has occurred to address specific issues/concerns or training needs.

Staff were aware of the whistleblowing policy and their responsibility in highlighting concerns.

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements and new staff. Staff are allocated regular areas to work to promote continuity of care. Concerns raised by service users and their representatives are discussed at tenant and staff meetings.

Service users are provided with detail of staff being provided by the agency to support them. Staff could describe the impact of staff changes on service users.

Induction records viewed indicated that staff receive induction and ongoing training specific to the needs of service users. Staff stated that they had the appropriate knowledge and skills to carry out their roles. Service users and relatives confirmed that staff provided have the knowledge and skills to provide care to meet the needs of individual service users.

Agency staff described how their induction included meeting service users and becoming familiar with their care and support needs; and the importance of respecting their privacy, dignity and choices. Service users can decline to receive care and support from staff; they stated that their privacy and dignity is respected at all times.

Service User Comments:

- 'Great staff; I can talk to my keyworker about anything'
- 'Staff discuss my care and support with me; they know what I need help with'

Staff Comments:

- "I receive supervision twice yearly"
- "I can speak to my manager at any time"
- "I received induction at the commencement of my employment"
- 'I recently moved to supported living team; I feel supported in my role.'

Relatives' Comments:

- 'The service is great'
- 'I am happy with the care and support'
- '**** loves the staff; they know **** ways '
- 'Staff are approachable; they keep me informed of any changes'
- 'Staff supports my relative to have a busy life; **** is very happy'
- 'The staff are brilliant.'
- 'Staff do a great job; they make such a difference to my relative's life'

Professional Comments:

- 'I have no concerns about the service'
- 'Care and support is delivered in a person centred way'
- 'Service users are supported to participate in various activities'

Areas for Improvement

Overall on the day of the inspection the inspector found care to be safe and compassionate. The effectiveness of care was found to be good, however there was one area identified for improvement; this was particular to the information contained within the agency's staff rota.

Regulation 21.-(1)(a) Schedule 4

It is required that the agency's staff rotas are updated to ensure that the full name of staff to be provided is recorded and a key for abbreviations used is included.

Number of Requirements	1	Number Recommendations:	0
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5.4 Theme 2 – Service User Involvement

Service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments viewed reflected the views of service users and/or representatives. Service users and their representatives stated that they are involved in the assessment of need and completion of their individual care and support plans and that their views and wishes are reflected. The agency consultation policy details the process for ensuring service users are consulted in relation to the care and support they receive.

There was evidence of positive risk taking in collaboration with the service user and/or their representative. Staff complete a 'Balancing safety and happiness' risk assessment in conjunction with service users and their representatives; the assessments viewed provided examples of positive risk taking. Staff could describe the benefits of positive risk taking and their role in supporting service users to live as full a life as possible.

Is Care Effective?

Service users are encouraged to participate in an annual review of their care and support; the manager stated that this involves representatives for the HSC trust. Staff record daily the care and support provided and care plans are reviewed annually or as required. Service users stated that they are involved in the development of their care and support plans and views reflected. One service user described the process of meeting weekly to develop a plan for the week. Care and support plans viewed detail the wishes, choices and routines of service users and contain information specific to the needs of individual service users.

The agency facilitates weekly house meetings with service users; records viewed indicate that service users are encouraged to express their views and opinions. In addition monthly tenants meetings are held and an action plan developed. Service users and their relatives are informed of the agency's complaints procedure the agency maintains a record of all compliments and complaints. Monthly monitoring visits are completed and documentation viewed indicates engagement with service users and their representatives.

Service users have been provided with a human rights booklet in a suitable format and the service user handbook details the process of accessing an independent advocacy service. Staff described a course attended by some service users which included human rights and advocacy.

Is Care Compassionate?

Discussions with staff, service users, relatives and a professional indicate that service users receive care in an individualised manner. Care plans and agency records were written in a person centred manner and service users stated that they are consulted about the care they receive.

The agency has in place the following policies: 'Rights of tenants', April 2014, and 'Obtaining tenants views', April 2014; they describe the agency's process for engaging with service users and their representatives were appropriate. Staff discussed examples of responding to service users' preferences; families described having their views taken into account; records of weekly house meetings and monthly tenant meetings reflected their involvement. Service users

stated that they meet with staff weekly to develop their individual plan for the week. One serviced user could describe the detail of the agreed support that they required from staff on the day of inspection.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. Human rights were outlined in care plans the agency provides service users with an information booklet on human rights.

The acting manager described how the agency liaises with the HSC trust regarding best interest practices for service users where there are capacity and consent issues. The agency's response to complaints and comments made by service users and their representatives shows how individual views are taken into account and responded to.

Staff Comments:

- 'Service users are encouraged to express their views and opinions'
- 'Service users are involved in developing their care and support plans'

Relatives' Comments:

- 'I am informed of any concerns; I can speak to staff at any time'
- 'My relative is given choice and respect'

Service User Comments:

- 'I attend the tenants meetings and the weekly house meeting'
- 'We decide what we want to do'
- 'Staff discuss my care with me'
- 'I talk to my keyworker; a lady from the Trust comes'

Professional Comments:

- 'Staff inform me of any issues or concerns'
- 'I am involved in the care review of service users'
- 'Service users are encouraged to make their own choices'

Areas for Improvement

There were no areas for improvement identified in relation to Theme 2.

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

5.5.1 Monthly Quality Monitoring

The inspector viewed the agency's quality monitoring documentation in place and noted that monthly monitoring visits are completed by a member of the agency's management committee. From records viewed the views of service users, their relatives and where appropriate relevant professionals had been recorded. The documentation details any incidents or safeguarding concerns and contains an action plan.

5.5.2 Complaints

The agency has received no complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the acting manager. The agency's complaints policy was reviewed in December 2014; it outlines the procedure in handling complaints.

5.5.3 Monitoring of Service Users' Weight

It was identified that agency staff monitor and maintain a record of service users' weight on a monthly basis; the inspector discussed the rationale for this practice with the acting manager; they discussed instances when this practice would be deemed necessary for individual service users wellbeing; however, the agency is required to review this practice and identify those service users who require regular weight monitoring.

Areas for Improvement

Regulation 14.(e)

The inspector discussed with the acting manager the need to review the practice of routinely monitoring and recording the weights of service users to identify those service users who require having their weight regularly monitored.

Number of Requirements	1	Number Recommendations:	0
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Yvonne McCaughren, acting manager 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 will be completed by the registered manager to 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 by the registered manager. 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 within this report do not absolve the registered person/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 person/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 21.- (1)(a) Schedule 4</p> <p>Stated: First time</p> <p>To be Completed by: 24 June 2015</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>This requirement relates to the registered person ensuring that the agency's staff rota details the full names of staff provided and that a key for abbreviations used is included.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>We have taken note of this requirement and have plans in place make the changes as suggested.</p>

<p>Requirement 2</p> <p>Ref: Regulation 14.(e)</p> <p>Stated: First time</p> <p>To be Completed by: 24 June 2015</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>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them.</p> <p>This requirement relates to the registered person ensuring that the practice of monthly monitoring and recording of service users' weight is reviewed to identify those service users who require regular weight monitoring.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>We have taken note of this requirement and have ceased our practice of automatically weighing each of the tenants each month. This will only happen in agreement with the tenant especially where their may be concern with weight gain or loss</p>

Registered Manager Completing QIP	(Acting) Yvonne McCaughren	Date Completed	July 2 nd 2015
Registered Person Approving QIP	(Acting) Yvonne McCaughren	Date Approved	July 2 nd 2015
RQIA Inspector Assessing Response	Joanne Faulkner	Date Approved	3 July 2015

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address