

Unannounced Care Inspection Report 27 June 2019



The Croft Community

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

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

Organisation/Registered Provider: The Croft Community Ltd Responsible Individual(s): Mrs Linda May Wray (registration pending applied 22 January 2019)	Registered Manager: Mr Alan Hutchinson
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 27 June 2019 from 09.30 to 17.00. The inspection was undertaken by care and finance inspectors.

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. Areas for improvement in respect of the last finance inspection were also reviewed.

As a public-sector body, RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

Evidence of good practice was found in relation to the management and oversight of service users' monies, person-centred care records, supervision and appraisal and efforts to improve access to training.

Areas requiring improvement were identified and refer to ensuring Enhanced Access NI checks are made for all staff who change their roles within the organisation and updates to the Statement of Purpose and the induction policy

It was evident in all four domains that the agency promoted the service users' human rights; this was obvious in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

Staff interactions observed by the inspector were noted to be warm and caring, on the day of inspection service users said that they were satisfied with the care and support provided. 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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with the responsible person and the person in charge, 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 14 February 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 February 2019

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

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

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issuing of this report.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Questionnaires were also provided for distribution to the service users and their representatives; one response was received and analysis of this is included within the report. RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

During the inspection the inspector met with one service user and four staff. Following the inspection the inspector spoke on the telephone with a services user's representative and had email communication with a Health and Social Care Trust (HSCT) professional. Comments received are included within the body of the report.

In addition to records viewed by the care inspector the finance inspector examined the following records:

- a sample of service users' transport/journey records
- a sample of individual written agreements between service users and the agency
- a sample of written financial policies and procedures
- records in relation to repayments to service users by the agency for food purchased by service users and consumed by staff while on duty

Areas for improvement identified at the last care and finance inspections were reviewed and assessment of compliance recorded as met.

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

6.0 The inspection

Review of areas for improvement from the most recent care inspection dated 14 February 2019

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 14 February 2019

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 22(8) Stated: Second 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. Ref: 6.7	Met

	<p>Action taken as confirmed during the inspection: Inspector confirmed that no complaints had been received since the last inspection. However complaints books have been made available in each house for recording and there was evidence that staff and service users have been updated in relation to the complaints procedures.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (d) Schedule 3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available to him in respect of each of the matters specified in Schedule 3</p> <p>Ref: 6.4</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector viewed the employment records of two staff employed since the last inspection and was satisfied that full and satisfactory information was obtained in respect of each of the matters specified in Schedule 3.</p>	
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that mandatory training requirements are met</p> <p>Ref: 6.4</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector noted that staff training has been a management focus since the last inspection. Staff have been accessing online and face to face training and the agency is monitoring compliance with requirements. Records viewed by the inspector indicate compliance with this standard.</p>	

6.3 Inspection findings

6.4 Is care safe?

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

The agency's systems in place to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements within the agency.

The agency has a recruitment policy that outlines the procedures for ensuring that required staff pre-employment checks are completed. Discussions with the person in charge indicated that they had a clear understanding of the recruitment process and the need for robust systems to be in place. The person in charge stated that staff are not provided for work in the homes of service users until all required checks have been satisfactorily completed; the agency retains details of all information relating to individual staff recruitment. The inspector viewed two staff recruitment files and was satisfied that full and satisfactory information was obtained in respect of each of the matters specified in Schedule 3.

The reports of quality monitoring audits viewed indicated that an audit of staff files, including staff pre-employment checks is completed. The inspector also discussed the vetting of persons who may change roles within the organisation and advised that Enhanced Access NI checks are made for all staff that change their roles within the organisation and this is an area for improvement. The inspector also advised that the relevant policies and procedures should also be reviewed to reflect these matters.

Discussions with staff and records viewed indicated that the agency's induction programme is in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are provided with an initial induction and in addition shadow other staff employed by the agency. Staff talked positively about their induction and indicated that it had provided them with the knowledge and skills to meet the needs of service users. The inspector discussed the arrangements for induction of staff for short notice/emergency arrangements and a review of the induction procedure and policy confirmed detail was lacking in respect of this matter and in respect of induction duration being at least three days; this has been identified as an area for improvement.

A record of staff supervision and appraisal is maintained. The records of three staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies. It was positive to note that staff supervision and appraisal information viewed was retained in a well organised manner.

It was identified that the agency has a system in place to ensure that staff are registered appropriately with the relevant regulatory body. The agency retains details of the registration status and expiry dates of staff required to be registered with the NISCC. The manager stated that staff are not supplied for work if they are not appropriately registered. Following the inspection the inspector was sent details of NISCC registration for one member of staff which was not available on the day of inspection.

The manager and staff could describe the process for identifying individual training needs and their responsibility for ensuring that training updates are completed. Staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. Staff stated that their training was informative and had equipped them with the required knowledge and skills for their role. They described the value of the additional training received in improving the quality of care they provided and demonstrated a clear understanding of service user's human rights in all aspects of their lives. Staff commented: "You can ask for training which may be relevant."

The agency has a new system for recording staff training which was reviewed by the inspector. Training records viewed indicated that staff had completed relevant training. Records viewed and feedback received evidenced that staff complete training in a range of areas such as moving and handling, managing challenging behaviours, Makaton, fire training medication management, epilepsy awareness and safeguarding/human rights. Training is face to face and online and compliance with mandatory training requirements closely monitored by senior staff within the service.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The registered manager is identified as the Adult Safeguarding Champion (ASC).

Discussions with the staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the ASC and the process for reporting adult safeguarding concerns appropriately and in a timely manner.

It was noted that staff are required to complete safeguarding training during their induction programme and regular training updates. From training records viewed it was noted that staff had received training in relation to adult safeguarding and child protection. The inspector was informed that the organisation was in the process of completing an Adult Safeguarding Position report. The service user and a relative who spoke to the inspector could describe what they would do if they had any concerns in relation to safety or the care and support provided. The service user stated that they could speak to staff or the manager at any time and felt that there concerns would be listened to and addressed.

A Health and Social Care Trust (HSCT) representative who communicated with the inspector commented;

"I am not aware of any concerns from carrying out reviews and meeting with families and services users who report very positively regarding the care and support they receive in Croft Supported Living Scheme."

Staff had a clear understanding of their role and responsibility to identify and report actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

Staff confirmed that care is provided to service users by a core staff team to help provide continuity of care and develop positive relationships. It is felt that this can have a positive impact on the service users' experience in accordance with their human rights. There were no concerns raised with the inspector in relation to staffing levels or the service users' needs being met.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The person in charge could clearly describe the process for assessing and reviewing risk. Records confirmed that comprehensive risk assessments and care plans had been completed in conjunction with service users and their representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training, supervision and appraisal and risk management.

Areas for improvement

Two areas have been identified for improvement and refer to;

- Updating the induction policy to include details of the duration of induction and the procedures for short notice/emergency arrangements.
- Persons who change roles within the organisation are subject to enhanced Access NI checks.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

The review of service users care records identified that they were comprehensive, person-centred and maintained in an organised manner. The records evidenced referral information, risk assessments, care plans and annual care reviews with the HSCT representative.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care planned for service users or with changes to existing service users' care plans. Staff discussed the methods used to ensure information is communicated and shared in a timely manner.

Care plans were noted to be very person-centred and to clearly and concisely describe service users' needs. The staff who met with the inspector demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their seniors and HSCT professionals if any changes to service users' needs are identified. Staff discussed

ongoing quality monitoring of service users' needs to ensure effective service delivery. Staff also described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect. Staff outlined the methods used to ensure that service users are supported to be involved in the development of their care plans and daily activities. On the day of inspection it was evident that some service users have complex physical and mental health needs and staff described strategies in place to ensure effective care.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders. A relative who spoke to the inspector was very happy with the communication from staff and complimented staff on their response to the changing health needs of a service user who required hospitalisation. One relative who returned a questionnaire indicated they were very satisfied with all aspects of care.

The inspector noted compliments received from relatives included the following comments:

"It is so terrific to hear all the positive and stimulating things XXXX is doing now, we are very reassured."

The agency facilitates regular staff meetings; staff stated that they are encouraged to attend and provided with the opportunity to express their views and opinions.

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.

The agency has quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and 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 inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was identified that staff receive awareness training in relation to equality, human rights and confidentiality during their induction programme. Discussions with staff, service users and a relative, observations made and records viewed during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care is provided. The agency has provided information to service users relating to human rights, advocacy and adult safeguarding.

All those individuals who spoke to the inspector described how service users can make choices about the care and support they receive and provided assurances that service users can refuse any aspect of their care. Staff discussed the risks that may arise due to choices made by service users and could describe the process for raising concerns with the manager in relation to any identified risks.

The service user and a relative who spoke to the inspector indicated that service users have choice and stated that staff respect their views, wishes and choices. The relative stated that staff will identify areas/issues that need attention and have supported their relatives to become more independent in a range of areas.

Service user care records viewed in the agency office were noted to clearly outline the information relating to the needs of service users and their individual choices and preferences. The service user who spoke to the inspector could describe how they are supported to make decisions about the care and support they received. Discussions with a service user, a relative, staff and the supported living lead, provided evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- promotion of effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- individualised risk assessment and care planning

Staff described how they endeavour to provide the care and support in a person centred way; and the processes used for effectively supporting service users in making informed choices.

Staff also discussed the value of developing rapport with service users, and the need to be mindful of their individual wishes and preferences.

Comments made by staff:

- “We always ask opinions and try to be thoughtful.”
- “Staff are very good to service users and there are loads of opportunities.”
- “Service users have a very good quality of life.”

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 management and governance systems in place within the agency to meet the assessed needs of service users. The agency is currently managed on a day to day basis by the registered manager supported by the supported living lead, and care and support staff. On the day of inspection the manager was on leave and the inspector met with Linda Wray responsible person, (registration pending) and the person in charge.

Staff could describe the process for obtaining support and guidance at any time including out of hour arrangements.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, weekly meetings and care review meetings. The inspector viewed reports of monthly quality monitoring and noted in recent reports contact with representatives had not been included. The inspector advised that efforts to contact representatives should be recorded within the report and this matter will be reviewed at the next inspection.

A satisfaction survey is completed annually by service users and representatives. The summary report for the latest survey indicated a high level of satisfaction with the care, services and facilities in The Croft.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed. RQIA had been notified of any reportable incidents.

The agency has a range of policies and procedures which are retained in the agency's office where staff can access them. The policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency's complaints policy outlines the process for managing complaints; discussions with the person in charge and staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was noted that staff receive awareness training in relation to management of complaints during their induction programme. The service user and relative spoken to could describe the process for raising concerns; this indicated that service users/relatives have access to clear and fair processes for getting their views heard in line with their human rights and to raise and resolve concerns or complaints. The inspector confirmed that no complaints had been received since the last inspection. However complaints books have been made available in each house for recording and there was evidence that staff and service users have been updated in relation to the complaints procedures.

A review of the Statement of Purpose indicated that it covered the residential care home and the supported living service. An area for improvement has been stated and refers to the development of a separate Statement of Purpose for the supported living service.

Staff who spoke to the inspector confirmed that there had good working relationships with the management team and office administrative staff.

Staff spoken with commented:

- "The manager is great."
- "I have support from the manager and the team."
- "The manager has an open door."

Findings of the finance inspection

As part of the inspection, a finance inspector was present and a range of service users' financial records were reviewed. In general, controls to safeguard service users' monies and property were found to be in place and were operating effectively. A sample of records reviewed included: service users' transport/journey records; individual written agreements between service users and the agency; written financial policies and procedures and the review of a historical arrangement resulting in repayments to service users by the agency for food purchased by service users and consumed by staff while on duty. Four areas for improvement were identified at the previous finance inspection of the agency on 7 May 2014 in respect of the areas listed above. A review of a sample of the records identified that in each case, these matters had been addressed and therefore all four areas were validated as being met. These findings were discussed with the responsible individual at the conclusion of the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management and oversight of service users' monies and valuables and maintaining good working relationships.

Areas for improvement

One area for improvement is stated and refers to ensuring the Statement of Purpose refers exclusively to the supported living facility.

	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 Linda Wray, responsible individual (registration pending) and the person in charge 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 5.1 Stated: First time To be completed by: 27 August 2019	The registered person shall ensure that a separate statement of purpose is made available for the supported living facility. Ref: 6.7 Response by registered person detailing the actions taken: The Registered Manager has ensured that the Statement of Purpose has been completed relating to and reflecting the Supported Living Service
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 11.2 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that criminal history disclosure information at the enhanced disclosure level is sought from persons who change roles within the organisation. Ref: 6.4 Response by registered person detailing the actions taken: The registered manager has amended the relevant Policy to reflect this requirement and will ensure this is completed as part of the recruitment process if appropriate
Area for improvement 2 Ref: Standard 9.1 Stated: First time To be completed by: 27 August 2019	The registered person shall ensure that induction policies and procedures are in accordance with statutory requirements. Ref: 6.4 Response by registered person detailing the actions taken: The induction policies and procedures have been reviewed and additional clarity around duration of primary induction to the organisation has been added

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 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)