

Unannounced Care Inspection Report 22 March 2018



Hollybank Supported Living Scheme

Type of Service: Domiciliary Care Agency
Address: 13 Union Road, Magherafelt, BT45 5DF
Tel No: 02879300878
Inspector: Marie McCann

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

This is a supported living type domiciliary care agency which supports adults with a learning disability to live independently in their local communities. It provides support for 26 persons in a variety of privately rented accommodation throughout the Magherafelt area. Supported living aims to provide a complete integrated package of support and housing that is flexible, responsive and innovative.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual(s): Dr Anthony Baxter Stevens	Registered Manager: Miss Cecelia Donnelly
Person in charge at the time of inspection: Ms Mairead Quinn Deputy Manager Registered Manager, Miss Cecelia Donnelly was present for part of the inspection	Date manager registered: 29 November 2017

4.0 Inspection summary

An unannounced inspection took place on 22 March 2018 from 09.00 to 14.50.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection determined 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 staff induction; adult safeguarding; risk management; service user care records and review processes; communication between service users and agency staff and other key stakeholders; the provision of compassionate care; governance arrangements and quality improvement.

There were no areas requiring improvement identified.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Cecelia Donnelly, registered manager and the deputy manager as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 7 July 2016.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 07 July 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Unannounced care inspection report 07 July 2016
- Incident notifications which evidenced that five incidents had been notified to RQIA since the last care inspection in July 2016
- Information and correspondence received from the registered manager and the Northern Health and Social Care Trust (NHSCT)
- Record of complaints

During the inspection the inspector met with the manager, deputy manager, three staff and three services users.

The following records were examined during the inspection:

- Three service users' care records
- Three staff personnel records
- The agency's complaints record from July 2016 to 22 March 2018
- Staff rota information from 01 to 15 March 2018
- Minutes of service users' (tenant) meetings
- Minutes of staff meetings
- A sample of monthly quality monitoring reports from August 2016 to February 2018
- Adult safeguarding policy 2017
- Whistleblowing policy 2016
- Procedures for the processing of personal information policy 2017
- Training policy 2016
- Supervision policy 2015
- Induction policy 2017
- The Statement of Purpose April 2018
- The Service Users Guide (Tenants Handbook) April 2018
- Annual quality report April 2016 to March 2017

Following the day of inspection the inspector consulted with:

- One Health and Social Care Trust (HSCT) professional
- Two service users' relatives

At the request of the inspector, the manager was asked to display a poster within the agency. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

A number of service user and/or relatives' questionnaires were provided for distribution; eight questionnaires were returned to RQIA within the timeframe for inclusion in this report.

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

The findings of the inspection were provided to the deputy manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 July 2017

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 07 July 2016

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
<p>Area for improvement 1</p> <p>Ref: Regulation 23</p> <p>Stated: Second time</p>	<p>The registered person shall maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) Arranges the provision of good quality services for service users;</p> <p>(b) Takes the views of service users and their representatives into account.</p> <p>(2) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred</p>	<p>Met</p>

	<p>to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>The registered must monitor the quality of services in accordance with the agency's written procedures and complete a monitoring report on a monthly basis.</p> <p>This report must summarise the views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that reports of monthly quality monitoring visits and an annual quality review report were available and up to date at the time of inspection.</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.

During the inspection staffing arrangements were reviewed by the inspector. The agency has a Human Resources (HR) department which manages the recruitment process. An inspector visited the agency's HR department on the 12 December 2017 to review a number of recruitment records which verified that the necessary pre-employment information and documents had been obtained and verified as required for staff, prior to them commencing employment. The documents viewed at that time were satisfactory.

A review of the staff rota information demonstrated that there were suitably qualified, competent and experienced staff working in such numbers as were appropriate for the health and welfare of the service users, despite several staff vacancies. The vacancies within the agency were in the process of being filled through the recruitment and selection process. It was noted that existing vacancies were well managed with all shifts being consistently covered by permanent and/or bank staff who were experienced and worked within the organisation in similar support services. The locality manager noted in a monthly quality monitoring report that staff were "dependable, flexible and responsible in covering vacant shifts." Discussions

with staff and feedback from service user's and their relatives identified no concerns regarding the staffing levels maintained to meet service user's needs.

There was evidence of a staff induction process in excess of three working days as required within the regulations. Staff who met with the inspector confirmed that their induction process provided them with the necessary knowledge and skills to fulfil their roles and responsibilities. Staff were required to shadow other experienced colleagues until both the manager and the staff member agreed they were competent to engage in lone working. The agency had a clearly defined management structure with processes in place to support staff in their lone working role and to ensure the safety and wellbeing of service users. Discussions with staff and review of the staff rota evidenced that senior staff were available in the registered office in a supportive role. A competency assessment for staff in charge when the manager or deputy manager were not on duty was available for inspection.

While staff spoke positively about the supervision process, a review of supervision records identified that supervision requirements were not always being met as per the agency's supervision policy of three monthly supervision sessions. The deputy manager advised that this was due to current staff vacancies which were in the process of being filled and assurances were provided that supervision timescales would be improved to meet the timescales detailed in the agency's policy. This will be reviewed at the next care inspection. It was positive to note that adult safeguarding issues, training and professional development were set items on the staff supervision record.

The deputy manager described a system in place to ensure all staff receive appropriate training to fulfil the duties of their role, through a training needs analysis of the staff team. The staff training matrix evidenced that staff had received mandatory training. The manager advised that the agency's training team are organising a further training session for staff who have not attended adult safeguarding training with respect to the new regional policy and operational procedures.

Additional training opportunities were provided to staff via eLearning and/or classroom sessions for topics such as dysphasia, human rights, epilepsy awareness, epilepsy emergency drugs, respect training, dementia training and cash and valuables training.

The inspector identified evidence that the agency maintained details of training provided to staff in accordance with standard 12.7 of the Domiciliary Care Agencies Minimum Standards, 2011 for some of the training provided to staff. Assurances were provided by the manager that they would discuss with the agency's training team measures that can be put in place to ensure the training records would be maintained in accordance with the standards for all training provided. This will be followed up at the next inspection.

It was identified that the agency has reviewed and updated their policy and procedures to reflect information contained within the DHSSPS regional policy `Adult Safeguarding Prevention to Protection in Partnership` issued in July 2015 and the associated Operational Procedures and the organisation has an identified Adult Safeguarding Champion (ASC).

The manager, deputy manager and staff spoken with clearly demonstrated their knowledge of specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

The inspector reviewed the systems in place to ensure that unnecessary risks to the health, welfare or safety of service users were identified, managed and where possible eliminated. A review of service user care records evidenced that a range of comprehensive and holistic assessments and risk assessments were completed as part of the admission process and reviewed as required. It was identified that risk assessments informed part of the care/support planning process. Deprivation of liberty and any specific restrictive practices were acknowledged, recorded and agreed collaboratively. The inspector requested that documentation relating to any restrictive practice should be signed by service users where appropriate. It was further agreed that if such signatures are not recorded an explanatory comment should be noted on the document.

In addition to person centred risk assessment and support planning, there was evidence that the agency was pro-active in considering the safety of service users in a wider context. Contingency planning was implemented in October 2017 due to anticipated concerns regarding severe weather conditions. Visits were planned from the fire service and a telecommunications company for April 2018 to provide service users with advice and guidance on steps they can take to maintain their health and safety within their own homes with regards to fire safety and internet and online safety.

The registered premises were suitable for the purpose of the agency as set out in the Statement of Purpose.

Service users' comments:

- "I would talk to staff if worried."
- "I love living in my house."

Staff comments:

- "I always get regular supervision."
- "I can just lift the phone to ask something or ask the (seniors) to come to the house and give support and they will."
- "Training is good, you have your mandatory training to do but it is put up on the notice board any other training opportunities available."
- "Supervision is very good, you can talk about things openly but you can also talk to seniors any time if you have concerns or ideas."
- "The induction was very good, lots of shadowing, visiting other houses, spending time in office reading files and policies."

Professionals' comments:

- "Staff have an excellent understanding of the tenants and their knowledge of an individual's behaviour, demeanour etc. is invaluable when considering diagnosis."

Relatives' comments:

- "Xxxx was unwell recently, staff phoned me and kept me updated and reassured me all was ok."
- "Staff are transparent about everything."
- "I've no complaints at all about the place."

Eight service users and/or relatives returned questionnaires to RQIA. The responses indicated that they were very satisfied that the care provided was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the agency’s staff recruitment, induction, adult safeguarding and risk management processes.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection process. The full nature and range of service provision is laid out in the agency’s Statement of Purpose and the Service User Guide.

There was evidence from discussions with staff and review of records that collaborative working existed with service users, their relatives or representatives and multi-disciplinary professionals. Support plans and support living review plans were noted to be provided in a service user friendly format with a mixture of pictorial and written word. It was noted that service users normally sign assessments and care/support plans. In discussions with the deputy manager the inspector requested that if service users do not sign relevant documentation, staff are to ensure that a record is made as to the reason. Assurances were provided by the deputy manager that this would be addressed.

It was noted on review of some of the agency records that staff were signing documentation using only their initials rather than their full signature when there was sufficient space to do so. Several staff signatures were also illegible. The deputy manager provided reassurances that she would address this issue with the staff team to ensure that staff used their full signature and that provision would be made for staff to print their name if signature was not legible. The inspector requested that the agency’s risk assessment form was updated to record details of the person completing the agency’s risk assessment, the date of completion and the service users signature. The amended template was forwarded to the inspector following inspection and was found to be satisfactory.

Procedures were in place for effective communication and joint working between the staff team and the HSCT multi-disciplinary team, thereby endeavouring to ensure that care interventions and support plans were timely, effective and reviewed on a regular basis. There was evidence in care records of regular communication as required and annual care reviews with HSCT professionals. Staff described how they received handovers prior to service user contact to ensure staff interventions were appropriate and person centred.

Service users were consulted regularly regarding the quality of care provided by the agency through an annual survey, monthly quality monitoring visits, service user meetings, annual HSCT reviews and support review meetings. At the time of inspection the annual quality review report was in the process of being completed and the service users' questionnaires were noted to be in a user friendly format. A review of the responses identified that the majority of service user feedback was positive and that an action plan had subsequently been developed and was in process of being implemented to address issues identified. The inspector identified that the agency had begun to implement improvements as a direct result of the consultation process with the service users, for instance the development of a training resource to be used with service users to explain what a tenancy agreement was.

Discussion with the deputy manager and review of records evidenced that monthly quality monitoring visits were completed in accordance with the domiciliary care agency regulations. The content of monthly quality monitoring visit reports were compliant with RQIA guidance; the reports evidenced consultation with service users, relatives, professionals, and a review of incidents, restrictive practices and adult safeguarding referrals. It evidenced audits of care and finance records, staff supervision, staff training and an action plan was generated to address any areas of improvement. Adult safeguarding referrals made by the agency were cross referenced with those recorded on the monthly quality monitoring reports; all were recorded with the exception of one referral made in October 2016. This was discussed with the manager and deputy manager and it was stressed that monthly quality monitoring visits must accurately reflect all safeguarding referrals made for the month being reviewed.

A sample of the minutes of service user meetings were examined by the inspector. They noted that the meetings would normally be held regularly in the home of the service users, although the absence of some staff meant that the meetings held with a group of service users in one house were not as consistent. This was discussed with the deputy manager and reassurances were given that this issue would be addressed.

Details of the service users' meetings were recorded in a book by the senior support staff and signed by the service users and maintained within each house. There were no set agenda items. Areas discussed included service users decisions and agreements relating to home improvements with service users being supported to obtain quotes. Staff provided updates on the recruitment of new staff; the anticipated arrival of a new service user; a review of the agency's complaints process; the role of RQIA and the anticipated RQIA visit and the aim of the inspector to review care records and meet with service users. It was noted that the terminology used by some staff was overly familiar when referring to service users within minutes of the service user meetings. It was agreed with the deputy manager that terms of reference which promote the dignity of service users should only be used.

A review of a sample of service user care records evidenced that the service user and or relatives were fully involved in the supported living review plan and the annual HSCT review. The agency enabled service users' involvement through use of user friendly planning tools.

The agency's Statement of Purpose and Service User Guide provided service users and their representatives with details of who to contact if they wanted advice or had any issues/concerns. The inspector noted that this information was revisited in a service user meeting held in February 2018. In addition to this, the Service User's Guide advised service users of the role of an advocate and the Statement of Purpose provided a list of organisations that could provide independent advice and support.

Staff stated that there was effective communication with each other and the management team to ensure that safe and effective care was provided to the service users. Staff reported that if there was a change in a service user's needs or important information needed to be shared it would be recorded in the communication book which staff are required to review prior to each shift. Staff demonstrated knowledge of how to escalate concerns including how to link in with the multi-disciplinary team as needed.

The deputy manager reported that the aim for staff meetings to be held every three months has not been achieved over the last year due to staff vacancies. This matter is to be addressed as vacant posts are filled. Staff who met with the inspector raised no concerns and they described having access to informal discussions with the management team as needed. Staff confirmed that there was an open door arrangement which allowed them to raise any issues.

Staff comments:

- "It's great helping service users be more independent and out and about in the local community."
- "There is good communication about service users' needs and what's going on."

Service user comments:

- "I like my house in supported living".
- "I like my two co-tenants".
- "I like my independence of going up town via taxi to hairdressers and shopping centre".

Relatives' comments:

- "I've no problem with the care provided."
- "I'm very happy with support staff provide."
- "Staff are doing very well for xxxx."
- "Xxxx has settled fantastically well."

Professionals' comments:

- "I can approach the team with issues or concerns at any time and the working relationship is very positive."

Eight service users and/or relatives returned questionnaires to RQIA. The responses indicated that they were very satisfied that the care provided was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews processes, 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, equality and respect, and to fully involve service users in decisions affecting their care and support.

The manager, deputy manager, staff and the service users who communicated with the inspector, confirmed that consent was sought in relation to support provided. In addition staff were able to describe how the confidentiality of service users' was protected. It was identified that any discussions held with service users regarding personal matters would be undertaken in private; care records were only shared with appropriate individuals and with service user's consent. Service users' records maintained in each house were held within a locked cabinet.

Staff spoken with presented as knowledgeable about the agency's philosophy of care, promotion of human rights, independence and risk management. Staff spoke of a culture of respect and empowerment, in which they recognised the importance of supporting service users to meet their own needs as independently as possible.

The inspector observed in discussions with staff, review of care records and service users meetings that opportunities were taken to build upon service users' self-esteem, life skills and educational/work prospects. Staff were noted to enable service users to develop ownership and take responsibility for maintaining their own homes, planning menus, activities and holidays. There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities and day opportunities that were person centred and appropriate to their needs and interests.

Service users were encouraged to contribute to the NHSCT wide 'Tenant's Forum'. It was reflected in the monthly quality monitoring visit report for May 2017 that a service user from the agency had represented their peers on the forum and "has made an impact on a number of issues in supported living, including elements of service user finance policy".

Discussions with staff, service users, relatives and review of records reflected a variety of formal and informal systems to ensure that service users' views and opinions are taken into account in all matters affecting them. It was noted that consultation with service users' is evidenced in the supported living review plan where they are asked 'do you feel listened to' and 'are you happy living in your home'?

A review of the agency's complaints records noted one complaint had been received since the last inspection. Records of the complaint demonstrated transparency within the agency and that appropriate action was taken to bring local resolution. The complainant was made aware of further action which could be taken if they were not satisfied with the outcome.

Staff comments:

- "I love the job, doesn't always feel like a job."

- “You treat the service users like you would want any of your family to be treated.”

Service user comments:

- “Staff have helped me to use the washing machine and tumble drier”.
- “The staff are very good to me and support me and I enjoy going out for runs”.

Eight service users and/or relatives returned questionnaires to RQIA. The responses indicated that they were very satisfied that the care provided was compassionate.

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 sought to assess the agency’s leadership, management and governance arrangements to meet the assessed needs of service users. The agency was managed on a day to day basis by the manager and deputy manager with an identified senior support worker and team of support workers for each individual house. This system was noted to provide a consistent staff team who were knowledgeable about service user support needs, which enabled appropriate responses to be taken to any changes in service users’ needs.

Staff provided positive feedback in respect of leadership, mentoring and team working, with support and encouragement provided through effective communication and an open door arrangement provided by the management team. During discussions with the staff team it was evidenced that each staff member had knowledge of their role, function and responsibilities. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff demonstrated knowledge of the whistleblowing policy if they could not resolve their concerns locally but indicated they would be unlikely to need this due to the transparent working relationships that exist within the team.

The agency had a defined organisational and management structure that identified the lines of accountability and this was available in the Statement of Purpose.

It was identified that the agency had a comprehensive range of policies and procedures which could be accessed by staff electronically. A sample of policies viewed were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

The agency has in place management and governance systems to drive quality improvement; this includes arrangements for managing incidents, complaints, an annual survey and monthly quality monitoring visits. Incidents were recorded on an electronic system which were reviewed and audited by the manager, the locality manager and the agency's governance department. The agency undertook an incident analysis to identify any trends and enhance service provision. A review of a sample of incidents and accidents which had occurred since the agency's previous care inspection indicated that they had been responded to and managed appropriately and actions were taken with aim of preventing reoccurrences.

Staff who met with the inspector demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner and their responsibility to report all complaints to the manager.

There were arrangements in place to ensure that staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate. The deputy manager stated that information regarding registration details and renewal dates are maintained by the NHSCT social care governance department who generate an email to the manager advising when a staff member's renewal date is pending. The deputy manager confirmed that upon receipt of this email they liaise with staff to ensure that they have taken appropriate action after which renewal details are verified and recorded by the organisation's governance department.

Staff comments:

- "You can get support from seniors any time you need it."
- "Best job I have ever had with support from seniors and colleagues."
- The support network is very good, colleagues always offering support, checking I'm doing ok."
- "It's a really supportive team."

Relatives' comments:

- "I would be happy making a complaint but haven't needed to, to date."

Professionals' comments:

- "The staff work closely with the multi-disciplinary team."
- "There are good relationships with the multi-disciplinary team and they work in partnership to support service users."
- "Staff are responsive to the needs of service users."

Eight service users and/or relatives returned questionnaires to RQIA. The responses indicated that they were very satisfied that the agency was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the agency’s governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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](https://twitter.com/RQIANews)