

Unannounced Domiciliary Care Agency Inspection Report 16 May 2016



Jean Todd Close Supported Living Service

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced care inspection of Jean Todd Close took place on 16 May 2016 from 10.00 to 17.00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care, and if the service was well led.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

Is care safe?

Delivery of safe care was evident on inspection. The agency has in place robust recruitment systems and ensures that there is at all times an appropriate number of suitably qualified, competent and experienced staff to meet the needs of service users. The welfare, care and protection of service users is promoted through the identification of safeguarding concerns, implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust, and on occasions other stakeholders. The agency has systems in place for ensuring the identification, prevention and management of risk and to promote positive outcomes for service users. Service users and relatives indicated that they felt care provided to them was safe. No areas for quality improvement were identified during this inspection.

Is care effective?

Delivery of effective care was evident on inspection. The agency responds appropriately to meet the individual needs of service users through the comprehensive assessment of need and the development and review of person centred care plans. The agency has in place robust systems for review and monitoring of quality of care in conjunction with service users, and where appropriate their representatives, and for providing ongoing assurance of continuous improvement of services. There are robust systems in place to promote effective communication with service users and stakeholders; this was verified by one HSC Trust representative and two relatives who spoke to one of the inspectors. No areas for quality improvement were identified during this inspection.

Is care compassionate?

Delivery of compassionate care was evident during the inspection. The inspectors found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes and the provision of individualised care and support. It was noted from observation and discussion with staff, service users and relatives that staff value and respect the views of service users and/or their representatives. Service users and relatives indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a fulfilling life. The inspectors identified evidence of a range of positive outcomes for service users. The agency has systems in place for obtaining and responding to the views and opinions of service users and their representatives. No areas for quality improvement were identified during this inspection.

Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. The agency has in place robust management and governance systems to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery and operate the agency in accordance with the Minimum Standards. Evidence of effective working partnerships with HSC Trust representatives and other external stakeholders was evident during the inspection. No areas for quality improvement were identified during this inspection.

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with John Fisher, registered 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organization/registered person: Inspire Wellbeing Ltd/Peter Arthur James McBride	Registered manager: John Fisher
Person in charge of the agency at the time of inspection: John Fisher	Date manager registered: 17 July 2015

3.0 Methods/processes

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

- Discussion with the registered manager and staff
- Examination of records

- Consultation with service users, stakeholders and relatives
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Four service users care records
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Staff rota information
- Internal Audit Policy, January 2016
- Staff Handbook
- On call arrangement Policy, February 2016
- Recruitment and selection Policy; August 2015
- Supervision Policy, February 2016
- Adult Safeguarding Policy, February 2016
- Referral, care and support planning, and review Policy
- Disciplinary Policy
- Whistleblowing Policy, March 2016
- Complaints Procedure, November 2014
- Confidentiality Policy, March 2016
- Statement of Purpose
- Service User Guide
- Induction checklist
- Service Users Participation Strategy, August 2015
- Probationary Procedure, September 2015

During the inspection the inspectors met with four service users, the registered manager and four staff members; following the inspection one of the inspectors spoke to the relatives of two service users and an HSC Trust professional.

Questionnaires were distributed for completion by staff and service users during the inspection; four staff and three service user questionnaires were returned.

Feedback received by the inspectors during the course of the inspection and from returned questionnaires is reflected throughout this report.

4.0 The inspection

Jean Todd Close, located close to Antrim town centre, is a supported living type domiciliary care agency which provides domiciliary care and housing support for adults with learning disabilities.

The agency's registered premises are situated adjacent to the service users' accommodation and are accessed from a separate entrance.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting independence and maximising quality of life.

Staff are available to support service users 24 hours per day and they each have an identified 'key worker'.

Discussion with the registered manager, staff, relatives, service users and HSC Trust representatives provided evidence of positive outcomes for service users; details of which have been included within this report.

The inspectors would like to thank the registered manager, service users, the relatives of two service users, a HSC Trust professional and agency staff for their support and co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the last care inspection dated 14 May 2015

There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

During the inspection the inspectors reviewed current staffing arrangements in place within the agency.

The agency's recruitment and selection policy outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to employment. It was identified that a checklist detailing checks completed is retained by the agency's human resources department; following the inspection RQIA was provided with a copy of the checklist. The registered manager stated that they receive confirmation when the process has been completed and that staff are not provided until all necessary checks have been completed.

The agency's probation policy and induction handbook detail the induction programme lasting at least three days which is in accordance with the regulations; it was noted that staff are required to complete the induction programme during the initial nine months of employment. The agency maintains a record of the induction programme provided to staff and it was noted that staff are required to complete an induction handbook. Records viewed outlined the

information and support provided during the induction period and contained evidence of a comprehensive induction programme. It was identified that staff identified to be in charge are required to complete annual competency assessments.

The agency has a procedure for the induction of short notice/emergency staff and for verifying their identity prior to supply; it was identified from discussions with the registered manager that relief staff are accessed from another domiciliary care agency. Staff could describe the impact of staff changes on service users and benefits of ensuring continuity of care.

Discussions with the registered manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. The staff rota information viewed reflected staffing levels as described by the manager. The agency has a procedure in place for ensuring that staff provided at short notice have the knowledge, skills and training to carry out the requirements of the job role; one of the inspectors viewed staff profiles for staff provided at short notice and noted that they contained information relating to staff training and experience.

The agency's supervision policy outlines the frequency and procedure to be followed; from records viewed it was noted that staff are provided with a supervision contract. The agency's learning and development policy details the procedure for staff appraisal. The agency maintains a record of staff supervision and appraisal; records viewed indicated that they are completed in accordance with the agency's policies and procedures. Staff who spoke to one of the inspectors felt that supervision was a worthwhile, positive experience.

Staff could describe how their induction programme which involved training, shadowing other staff members, meeting service users and becoming familiar with their care and support needs had equipped them for their role. They indicated to an inspector that they were confident that they had the required knowledge, skills and support to carry out their roles. Staff could describe the importance of respecting the privacy, dignity and choices of service users.

The agency has an electronic system for recording training completed by staff and in addition for highlighting when training is required to be updated; it was viewed by one of the inspectors. The registered manager could describe their role in identifying and highlighting gaps on a monthly basis. Staff stated that they are required to complete mandatory training and in addition training specific to the needs of individual service users i.e. swallow awareness training and challenging behaviour management. Staff stated that they are encouraged to highlight individual training needs and confirmed that training is discussed during individual supervision and appraisal meetings.

The manager described details of an apprenticeship programme which is currently being implemented by the organisation to promote further development of staff and in addition how the agency supports staff to complete work based training.

An inspector examined the agency's provision for the welfare, care and protection of service users. The agency has in place a policy relating to the safeguarding of vulnerable adults. The registered manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015; it was noted that the organisation has reviewed and updated their policy and procedures to reflect information contained within the guidance. The manager described the role and support provided from the identified designated officer for the organisation.

The inspectors reviewed the agency's records maintained in relation to safeguarding vulnerable adults; discussions with the registered manager and records viewed indicated that the agency has adhered to policy and procedures in dealing with allegations of abuse. The manager stated that where shortcomings in systems are highlighted as a result of investigation that a Service Improvement plan (SIP) is developed.

Discussions with staff and records viewed indicated that staff are provided with both electronic and face to face training in relation to safeguarding vulnerable adults during their induction and in addition are required to complete an annual update. Staff who spoke to an inspector demonstrated that they had a good understanding of safeguarding issues and could clearly describe the procedure for reporting concerns.

Staff were aware of their responsibility in highlighting and raising concerns and had knowledge of the agency's whistleblowing policy.

The inspectors reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's referral, care and support planning outlines the process for assessing and reviewing risk; it details the expectation that risk assessments and management plans are completed in conjunction with service users and where appropriate their representatives. It was noted from records viewed and discussions with staff that risk assessments are reviewed three monthly. The agency's monthly quality monitoring arrangements include an audit of risk assessments and any restrictive practices in place.

The agency's registered premises are located in a separate building from the service users' accommodation; the premises include a number of offices which are suitable for the operation of the agency as described in the Statement of Purpose.

Four staff and three service user questionnaires were returned to the RQIA; responses received indicated staff were satisfied that care provided is safe.

Service user comments

- 'I am content living at Todd's Close.'
- 'I am happy here; I feel safe.'

Service user representative's comments

- '***** is safe.'
- 'I don't worry about *****.'
- 'Staff and manager are very attentive.'

HSC Trust representative's comments

- 'Staff keep me informed of any difficulties or concerns.'
- 'Staff are good at identifying when people need extra care and support.'
- 'Safety is paramount in Todd's Close.'

Staff comments

- ‘I think the care is safe.’
- ‘We recently got extra staff to supervise one service user to ensure their safety.’
- ‘There is always enough staff; staff pull together to provide cover and we also use agency staff.’
- ‘We have new staff; it is really important to have regular staff who know the needs of the service users.’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.3 Is care effective?

During the inspection the inspectors reviewed that agency’s arrangements for appropriately responding to and meeting the assessed needs of service users. Information relating to the nature and range of services provided is detailed within the Statement of Purpose and Service User Guide.

The agency’s data protection policy and data retention and disposal policy which were viewed by an inspector detail the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

A number of individual service user care plans were viewed during the inspection; service users and relatives stated that they are involved in the development of their care and support plans. It was noted that staff record daily the care and support provided to service users. Documentation viewed indicated that risk assessments are reviewed and updated three monthly and care plans six monthly. It was identified that HSC Trust representatives are involved in the review process.

From discussions with staff and records viewed it was identified that the agency has in place robust arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users. The manager described the implementation of a service user involvement group in January 2016 and the benefits it provided in involving service users in the shaping service delivery.

The manager stated that they are required to complete a weekly audit checklist and monthly operational report. Monthly quality monitoring visits are completed by an assistant director within the organisation and an action plan developed. Records viewed included the views of service users, their relatives and where appropriate relevant professionals. The documentation includes details of the review of complaints, compliments, accidents, incidents or safeguarding concerns and in addition audits of staffing, documentation and financial management arrangements are completed. The registered manager stated that they are required to record when any actions identified in the action plan have been completed.

The agency facilitates monthly tenants’ meetings; records viewed and discussions with service users indicate that they are encouraged to express their views and opinions. The manager

stated that service users and their relatives are provided with details of the agency's complaints procedure and that the agency maintains a record of all compliments and complaints.

It was noted that the agency provides service users with human rights information issued by the Ministry of Justice; it was identified from discussions with the manager and staff that there had been recent involvement from an independent advocate.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users stated that they can speak to staff at any time and made positive comments about their working relationships with staff.

During the inspection it was evident that the agency seeks to maintain effective working relationships with the HSC Trust and other agencies. The registered manager could describe examples of recent liaison with stakeholders in relation to achieving better outcomes for service users.

Four staff and three service user questionnaires were returned to the RQIA; responses received indicated staff were satisfied that care provided is effective.

Service users' comments

- 'Staff are good.'
- 'Staff help me with everything.'
- 'I get choice'
- 'I speak to ***** if I am not happy.'

Service user representative's comments

- 'Staff tell me what is happening.'
- '***** is well looked after.'

Staff comments

- 'Risk assessments are reviewed and updated three monthly; service users have an annual review involving the HSC Trust.'
- 'I think supervision is worthwhile; issues raised are taken forward.'
- 'Service users are supported to live a good life.'
- 'We have a good team.'
- 'We work well with the HSC Trust.'
- 'Care plans are updated six monthly; the service user is supported to be involved.'

HSC Trust representative's comments

- 'Communication is good; staff are pleasant and approachable.'
- 'Staff are well prepared for review meetings.'
- 'There has been a change in staff recently; this can be unsettling for service users.'
- 'Staff work well with me; they know my expectations.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care compassionate?

The inspection sought to assess the agency's ability to treat service users with dignity, respect and equality, and to fully involve service users in decisions affecting their care, support and life choices.

Staff were aware of the need to ensure confidentiality and had knowledge of the agency's confidentiality procedure. Staff could describe how the views and wishes of service users are paramount to service provision; staff provided examples of positive risk taking to enable service users to live a fulfilling life. Staff training records viewed indicated that staff had received human rights training during their initial induction. Discussions with service users, agency staff and stakeholders, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation.

Observations of staff interaction with service users and discussions with staff and service users indicate that care is provided in an individualised manner. Care plans were written in an individualised manner and service users indicated that they are consulted about the care they receive and involved in making decisions regarding their care. Records of tenant meetings reflected the involvement of service users and recorded choices made by service users.

The manager could describe the process for liaising with the HSC Trust in relation to instances where there are capacity and consent issues identified.

It was noted by an inspector that the views of service users and/or their representatives were recorded throughout a range of relevant agency documentation. Formal processes to record and respond to service users and relatives are maintained through the compliments and complaints process, monthly quality monitoring, review meetings involving HSC Trust representatives, annual stakeholder questionnaires, keyworker meetings, family meetings and tenants meetings. The manager described the process for receiving feedback from service users annually in the form of an easy read questionnaire and in addition the detail of the organisation's Service user Participation Strategy, August 2015 which focusses on the involvement of service users in relation to service delivery.

During the inspection the inspectors observed agency staff communicating with service users in a manner which took into account the individual views, choices and feelings of service users. Two service users who spoke to one of the inspectors stated that staff treat them with respect and support them to make their own choices.

The inspectors viewed a range of information in an alternative format provided to service users to facilitate clearer understanding.

The inspectors observed that service users were able to make choices regarding their daily routine and activities; service users who spoke one of the inspectors confirmed that they could

make choices about their care and support. Records viewed and discussions with staff and service users indicated that service users and where appropriate their relatives are involved in decision making on a wide range of matters.

The agency's Internal Audit Policy outlines the systems in place to evaluate the quality of service provided; it was noted that it is completed in a manner which takes into account the views of service users and their representatives. The monthly quality monitoring, quarterly tenant's meetings and annual satisfaction questionnaires include evidence of consultation with service users. Action plans developed include details of progress made in relation to required improvements.

Four staff and three service user questionnaires were returned to the RQIA; responses received indicated staff were satisfied that care provided is compassionate.

Service users' comments

- 'I am happy here.'
- 'I can do what I want.'
- 'I talk to my keyworker.'
- 'I go to the day centre.'
- 'Staff take me out.'

Service user representative's comments

- '***** is so happy living here; their life is much better now.'
- 'Staff listen to me and ****.'
- 'I feel involved in decisions about ***** care and support.'

Staff comments

- 'I like working here; it is a very supportive team.'
- 'The service users know they can choose what they want.'
- 'Service users and their families are involved review meetings and in making decisions about their care and support.'
- 'We complete a skills action plan with services users, focussing on completing tasks and not on weaknesses.'
- 'We support service users individually and as a group.'
- 'There is input from service users, family and HSC Trust staff.'
- 'We work in all the houses so that they are familiar with the service users' needs and routines.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is the service well led?

An inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has in place a range of policies and procedures which were noted to have been reviewed in accordance with the Minimum Standards, relevant legislation and guidelines. Policies and procedures are retained on an electronic system which all staff have access to, and additionally in paper format stored within the agency's office. During the inspection the inspectors viewed a number of policies and procedures; staff stated that they can access policies and procedures at any time.

Documentation viewed and discussions with the registered manager evidenced that the agency's governance arrangements promote the identification and management of risk; these include appropriate policies and procedures, regular audit of complaints, safeguarding incidents, incidents notifiable to RQIA, a risk assessment report relating to risks to staff and restrictive practices.

The agency's complaints, compliments and concerns policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received nine complaints for the period 1 April 2015 to 31 March 2016. Discussion with the registered manager and documentation viewed indicated that the agency had dealt effectively with complaints received in accordance with their policy and procedures; discussions with staff indicated that they were familiar with the process for receiving and managing complaints.

The agency has in place management and governance systems to drive quality improvement. Arrangements for managing and monitoring of incidents and complaints include mechanisms for auditing, identifying trends and reducing the risk of recurrences. Records viewed provided evidence of appropriate staff supervision, appraisal, and management of performance issues. The manager could describe the importance of ongoing review and monitoring of services provided to identify areas for learning and development, improving the quality of the service, and of providing better outcomes for service users.

The organisational and management structure of the agency outlines lines of accountability and roles and responsibilities of staff. Staff are provided with a job description at the commencement of employment which outlines the role and responsibilities of their job role. Staff could describe their roles and responsibilities; service users and relatives were aware of staff roles and knew who to talk to if they had an issue or concern.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are kept under review, and have been reviewed and updated (April, 2016).

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Discussion with the manager and staff indicated that there are effective collaborative working relationships with external stakeholders, including where appropriate HSCT representatives. Following the inspection one of the inspectors spoke to an HSC Trust professional who provided positive feedback in relation to their engagement with agency staff.

Staff stated that they can access support of the manager at any time and described the process for receiving support out of office hours and in the absence of the manager. They were familiar with lines of accountability and knew who to contact if they required support or guidance. Staff indicated that they were confident that their views and opinions are listened to and that the agency addresses issues raised.

Staff could describe the detail of the agency's whistleblowing policy and their responsibility in reporting concerns.

Four staff and three service user questionnaires were returned to the RQIA; responses received indicated staff were satisfied that the service is well led.

Service user comments

- 'Staff are great.'
- 'Staff listen to me.'

Service user representative's comments

- 'The manager and staff are very good.'
- 'Staff are attentive.'

Staff comments

- 'Training is of a high standard; we get refresher training.'
- 'I feel supported.'
- 'The manager is approachable.'
- 'I think the service is well managed.'
- 'We are encouraged to further our career.'
- 'We have monthly staff team meetings.'
- 'Communication is good; staff have access to email and intranet at all times.'
- 'I provide training within the organisation.'

HSC Trust representative's comments

- 'The current manager has turned things around.'
- 'When I ask the agency to do something they do it.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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No requirements or recommendations resulted from this inspection. *

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 service. 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.



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