

# Unannounced Care Inspection Report 18 December 2017



## Jean Todd Close

**Type of Service: Domiciliary Care Agency**  
**Address: 29f Randalstown Road, Antrim**  
**Tel No: 02894464384**  
**Inspector: Jim McBride**

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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

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'. At the time of the inspection there were 30 individuals in receipt of a service.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> <b>Inspire disability</b>	<b>Registered Manager:</b> John Fisher
<b>Responsible Individual:</b> Peter McBride	
<b>Person in charge at the time of inspection:</b> John Fisher	<b>Date manager registered:</b> John Fisher - 17/07/2015

### 4.0 Inspection summary

An unannounced inspection took place on 18 December 2017 from 11.00 to 14.30.

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

Evidence of good practice was found in relation to:

- staff training
- staff recruitment
- service user consultation
- quality monitoring

The inspector noted some of the compliments received by the agency:

- "Staff were amazing whilst my \*\*\*\*\* was in hospital."
- "I'm delighted with the care and support plan for my\*\*\*\*\*".
- "I'm so happy with how\*\* has settled into \*\*\* home".

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. 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.

## 5.0 How we inspect

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

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

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

- discussion with a range of staff
- examination of records
- evaluation and feedback

The following records were viewed during the inspection:

- Service users' care records
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records pertaining to:
  - Safeguarding
  - Medication
  - Manual handling
  - Person centred services
  - Record keeping
  - Supervision
  - Records relating to staff supervision
- Complaints records
- Staff rota information
- Safeguarding Policy (2017)
- Statement of Purpose (2017)
- Service User Guide (2017).

During the inspection the inspector met with the registered manager, deputy manager two team leaders and three support workers. No service users were available to speak with the inspector on this occasion.

#### **Staff comments made to the inspector:**

- “I had a good professional induction.”
- “Good communication with managers.”
- “My induction was excellent.”
- “We provide an excellent service to tenants.”
- “Great communication with managers.”
- “The staff work well together.”
- “The inspector would like to thank the agency staff for their warm welcome and full co-operation throughout the inspection process.”

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service.

At the time of issuing this report it was disappointing to note that no staff views had been returned to RQIA via Survey Monkey. The inspector spoke with the manager on the 3/1/18 who stated that he shared the poster with staff to return their views.

The inspector also asked the manager to distribute ten questionnaires to tenant’s. Three service user questionnaires returned highlight positive feedback and comments have been included into the report.

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 15 May 2016**

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

### **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.**

Staff recruitment is co-ordinated and processed by the organisation’s human resources (HR) department. Documentation viewed and discussions with the manager indicated that

the agency has in place robust recruitment systems to ensure that staff are not provided for work until required pre-employment checks as outlined within the minimum standards have been satisfactorily completed and verified. The manager could describe the process for obtaining confirmation that staff are available to commence employment.

The agency's training and development policy outlines the induction programme lasting at least three days, which is in accordance with the regulations. Records viewed and discussions with the manager show that staff are required to attend corporate induction training and are required to complete an induction competency workbook. Staff are required to shadow other experienced staff employed by the agency for approximately two weeks during induction. The expectation is that staff complete the full induction programme within their initial nine month probationary period. This was confirmed by all staff during discussion with the inspector. Staff are provided with the agency's staff handbook and have access to the agency's policies and procedures online.

The agency retains a record of the induction programme provided to staff; documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff. The manager is required to sign all records to confirm that the staff member has been deemed competent at the end of the probationary period.

Discussions with the manager and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual service users. The agency's staff rota information viewed by the inspector reflected staffing levels as described by the manager; the rotas denoted the person in charge on each shift. The inspector viewed rota information for weeks commencing: 27/11/17, 4/12/17 and 18/12/17. The records in place were satisfactory.

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

It was identified that the agency maintains an individual record for all staff detailing dates of competency assessments, training completed and details of registration status with relevant regulatory bodies such as Northern Ireland Social Care Council (NISCC).

The agency has an electronic system in place for managing staff training; the manager could describe the process for identifying gaps in training in conjunction with the organisations training department. Staff are required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. Training provided to staff is a combination of classroom based and E Learning. The inspector viewed the agency's training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The agency has updated their policy and procedures to reflect information contained within the policy. The organisation has identified an Adult Safeguarding Champion (ASC); the manager could describe their key areas of responsibility. The agency's policy and procedures clearly detail the process for staff on reporting concerns.

The manager demonstrated a clear understanding of safeguarding issues; and could clearly describe the procedure to be followed which is in accordance with the agency's policy and procedures.

Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults. From training records viewed staff are required to complete safeguarding vulnerable adults training during their induction programme, an online update annually and a classroom based update two yearly.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's risk management policy outlines the procedure for assessing and reviewing risk; it details that comprehensive risk assessment and safety management plans are required to be completed in conjunction with service users. Service users are supported to participate in a six monthly review involving their HSC Trust keyworker and that care and support plans are reviewed six monthly or as required. The inspector noted some of the comments made by service users during their annual review:

- "Very happy here."
- "\*\*\*\*\* is very happy in Todd's Close."
- "I'm happy to continue to live here."

A number of service users have more frequent reviews in conjunction with their identified HSC Trust representative due to the nature of their individual needs. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly governance arrangements include an audit of risk assessments and any practices deemed to be restrictive.

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to: Recruitment, induction, training, supervision and appraisal; adult safeguarding and management of risks.

Three returned questionnaires from service users indicated that safe service meant:

- there are enough staff to help you
- you feel protected and free from harm
- you can talk to staff if you have concerns

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 data retention policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely. Staff records indicated that they had received training relating to record keeping, confidentiality and data protection. On the day of inspection the agency's staff personnel and service users' records were retained securely and in an organised manner.

Both staff and managers could describe how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care plans. During the inspection the inspector viewed a number of service user care records; staff record daily the care and support provided and that the views and choices of service users are reflected.

Discussions with the manager and staff indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by a range of service managers and assistant directors and an action plan developed.

The inspector viewed records of quality monitoring visits and noted that there is evidence that the system is robust; it was noted that comments made by service users, and where appropriate their representatives were included. The record includes details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation, finance and training.

#### **Comments received during the monthly quality monitoring:**

##### **Service users' comments:**

- "I'm happy living here."
- "Staff are a great help to me."
- "Staff provide me with good support."
- "I'm happy here with all the care and support I receive."

##### **Staff Comments:**

- "I'm well supported by management."
- "I have completed recent training."
- "Good solid team."
- "Good staff team."
- "Induction is really useful."



**Relative's comments:**

- "I'm happy with the care and support for\*\*".
- "I'm very happy with the service and staff."
- "I'm happy with \*\*\*\*\* progress."

The manager could describe a range of ways in which the agency seeks to maintain effective working relationships with relatives, HSC Trust representatives and other stakeholders.

Discussions with the manager and staff indicated that the agency has systems to promote effective communication between service users, staff and other key stakeholders. The agency facilitates service user meetings. The agency maintains a record of items discussed; they also include the views of service users. The inspector noted some of the areas discussed during meetings:

- health and safety
- tenancy agreements
- activities
- appropriate behaviours

Staff meetings are facilitated; staff are required to sign the minutes of meetings to indicate that they have read and understood the matters discussed and the information provided. The inspector noted some of the areas discussed during meetings:

- RQIA
- NISCC
- Supervision
- Induction
- Complaints
- Training.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders and the monitoring of the quality of the services provided.

Three returned questionnaires from service users indicated that effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

Discussions with the manager and staff indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe examples of how they support service users to take positive risks to enable them to live a more fulfilling life. Staff have been provided with training and information in relation to human rights and confidentiality during their induction programme. The agency has provided service users with information relating to human rights, advocacy and adult safeguarding.

Records of service user meetings reflected the involvement of service users and contained comments/suggestions made by service users.

Comments made by service users and where appropriate their representatives were detailed throughout a range of the agency's documentation.

Processes to effectively engage and respond to the comments and views of service users and where appropriate their representatives are maintained through the agency's complaints process, one to one meetings with service users, monthly quality monitoring visits, six monthly care review meetings involving HSC Trust keyworkers, stakeholder and service user satisfaction surveys and tenant meetings. It was identified from records viewed that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying learning outcomes and areas for improvement.

Positive feedback was received from the annual customer satisfaction survey completed by the agency including the areas that service users had the opportunity to comment on:

- Staff support me to ensure my house looks well inside and out and everything is in working order
- I am happy with my house and the support and care I receive
- I feel safe in my own home & where I live
- I can understand the information given to me. It is easy to read
- Staff ask me about what is important to me and what I like
- Staff talk to me about changes within Inspire or within my own services
- Staff treat me fairly and with respect
- Staff talk to me when something is bothering me and staff support me to make a complaint when I need to
- Staff support me to attend activities in my local area
- Staff support me to do things I want to do on my own.

**Comments received from service users during the survey:**

- “\*\*\*\*\* states there is no improvement the service needs and is happy with the service he receives”.
- “Open new support living homes for more service users”.
- “\*\*\*\*\* states there is nothing that we could do to improve the service”.
- “I think things are going fine.”
- “New curtains in communal area; more cinema trips; out for meals”.
- “New table; more trips out, cinema etc.; move meals out”.

The agency also sought the views of next of kin during the survey. They were given the opportunity to comment on the following with positive results being highlighted.

- Are you happy with the overall service provided?
- Are you happy with the care and support provided to your family member?
- Do you see any changes in your family member’s health and wellbeing since they came to the service?
- Are you happy with the visiting arrangements, and do you feel welcomed when coming to visit?
- Are there any issues or recommendations you would like to share in order for us to improve the quality of the service?
- Would you like us to communicate more frequently with you?

**Comments received from next of kin during the survey:**

- First Class Service
- Service has seen significant improvement over the past year or so
- Would need more support sometimes
- As a family we are very happy
- Very happy with the service
- He has been in the service for many years however’ I’ve seen improvements in his health & wellbeing, and confidence with the recent improvements in the service
- Just keep going
- Communications are good.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users.

Three returned questionnaires from service users indicated that compassionate care meant:

- staff treat you with kindness
- staff ensure you are respected and that your privacy and dignity is maintained
- staff inform you about your care
- staff support you to make decisions about your care

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

A range of policies viewed by the inspector have been reviewed and updated in accordance with timescales outlined within the minimum standards. The inspector noted that the agency had a process where staff are required to access the organisation's policies and to indicate they have read them.

The agency's complaints policy clearly outlines the procedures and timescales for managing complaints. Staff stated that they had received training in relation to complaints management during their induction; discussions with the manager 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 identified from records viewed that the agency has received a number of complaints since the previous inspection which were resolved to the satisfaction of the complainants. The agency has systems in place for auditing and reviewing complaints on a monthly basis with the aim of improving the quality of service provided to service users. There are management and governance systems in place within the agency to promote and drive quality improvement. Discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of compliments and complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA. During the inspection the inspector viewed records that evidenced staff receive appropriate staff induction, training, supervision and appraisal.

The manager could describe the benefits of continually reviewing the quality of the services provided in identifying areas for improvement and highlighting good practice.

The inspector identified from records viewed and discussion with agency staff that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The manager stated that all staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency's policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the human resource department. Records viewed by the inspector indicate that staff are registered appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated. The agency's premises are suitable for the operation of the agency as described in the Statement of Purpose (2017).

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements, management of complaints, incidents, quality monitoring and improvement.

Three returned questionnaires from service users indicated that a well led service meant:

- You always know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service
- You know how to make a complaint

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews