

Unannounced Care Inspection Report 4 January 2018



Orchard House

Type of Service: Domiciliary Care Agency
Address: 12a Rectory Close, Loughgall BT61 8NA
Tel No: 02838892052
Inspector: Joanne Faulkner

www.rqia.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

Orchard House is a domiciliary care agency supported living type, located in Loughgall. The Southern Health and Social Care Trust provide the staff that deliver the care and support to service users who have a learning disability. Service users have individual rooms and a range of shared facilities.

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 aim of supporting service users to live as independantly as possible.

3.0 Service details

Registered organisation/registered person: Southern HSC Trust/Francis Rice	Registered manager: Olive Hughes
Person in charge of the service at the time of inspection: Olive Hughes	Date manager registered: 26 April 2017

4.0 Inspection summary

An unannounced inspection took place on 4 January 2018 from 10.00 to 16.00.

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.

Evidence of good practice was found in relation to staff training and appraisal, communication with service users and other relevant stakeholders and the agency's quality monitoring processes. No areas for improvement were identified.

Comments made by service users are included within the report.

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 Olive Hughes, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 20 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 February 2017.

5.0 How we inspect

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

- Discussion with the registered manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

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

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

During the inspection the inspector met with the registered manager, a senior support worker, two service users and three staff members.

The following records were viewed prior to and during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Service user meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Supervision Policy
- Risk and needs Assessment Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Quality Assurance Policy
- Complaints Policy
- Confidentiality Policy
- Incident Policy
- Data Protection Policy
- Records Management Policy
- Statement of Purpose
- Service User Guide

At the request of the inspector, the registered manager was asked to display a poster within the agency's registered premises.

The poster invited staff to provide feedback to RQIA regarding the quality of service provision via an electronic means; no responses were received. Questionnaires were provided for service users; no returns were received prior to the issuing of 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 registered manager at the conclusion of the inspection.

The inspector would like to thank the registered manager, staff and service users for their support and co-operation during the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 February 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 20 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with Domiciliary Care Agencies Regulations (Northern Ireland) 2007.		Validation of compliance
Requirement 1 Ref: Regulation 21(1)(a) Stated: Second time	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are- (a) kept up to date, in good order and in a secure manner. This requirement relates to the registered person ensuring that the agency's staff rota information clearly records the full name of staff provided.	Met
	Action taken as confirmed during the inspection: The inspector reviewed the agency's staff rota information and noted that the full name of staff provided is recorded.	

Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Recommendation 1 Ref: Standard 14.7 Stated: First time	The registered person should ensure that written records are kept of suspected, alleged or actual incidents of abuse and include details of the investigation, outcome and action taken by the agency.	Met
	Action taken as confirmed during the inspection: From records viewed the inspector noted that the agency's written records of suspected, alleged or actual incidents of abuse include details of the investigation, outcome and action taken by the agency.	

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

The agency's recruitment policy outlines the process for ensuring that staff pre-employment checks are completed prior to commencement of employment; staff records retained at the agency's office were noted to be retained securely.

It was identified that the agency's recruitment process is managed by the organisation's HR department. The registered manager could describe the process for receiving confirmation that pre-employment checks have been satisfactorily completed and that staff are ready for induction. Documentation viewed and discussions with the registered manager indicated that the organisation's recruitment systems are effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed.

The agency's induction programme is noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. The registered manager stated that staff are required to complete corporate induction during the initial induction period, a range of mandatory training and to shadow other staff employed by the agency; it was noted that corporate induction will now be completed electronically.

The agency retains a record of the induction provided to staff; the inspector viewed the induction records for three staff employed by the agency. Discussions with the registered manager and staff and observations made during the inspection indicated that staff had the required knowledge and skills to fulfil the requirements of their job.

The registered manager stated that relief staff are not accessed from another domiciliary care agency; relief cover is provided by the agency's regular staff or staff who had previously been employed by the agency on a permanent basis. The registered manager described the process for ensuring that staff provided at short notice have the skills to fulfil the requirements of the role.

Discussions with the registered manager and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the needs of the service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the registered manager.

The agency's staff operational procedures outline the timescales and procedures for staff supervision and appraisal. It was identified that staff receive quarterly supervision and annual appraisal. Staff are provided with a supervision contract and a record of supervision and appraisal is retained; those viewed by the inspector indicated that the majority of staff had received supervision and appraisal in accordance with the agency's policies and procedures.

The inspector viewed a record of staff training; those viewed indicated that staff had complete training appropriate to their roles. Staff are required to complete corporate induction, a range of mandatory training and in addition training specific to the needs of individual service users. The registered manager and senior support worker could describe the process for identifying the training needs of staff and for ensuring that required training updates are completed.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The registered manager could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The agency's policy and procedures have been updated to reflect information contained within the regional policy; they outline the responsibilities of the Adult Safeguarding Champion (ASC) and the procedure for staff in relation to reporting concerns. It was noted that staff have been provided with information in team meetings.

The agency maintains a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Documentation viewed and discussions with the registered manager indicated that the agency has acted in accordance with the current procedures in relation to adult protection matters identified. It was noted that the agency has a proforma to record the details of the outcome of any investigation completed.

Staff are required to complete safeguarding vulnerable adults training during their induction programme and an update three yearly; records viewed indicated that staff had received training in accordance with the agency's policy. Staff who spoke to the inspector demonstrated that they had a good understanding of adult safeguarding matters and the process for reporting concerns.

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 assessment and care planning policy outlines the process for assessing and reviewing risk.

It was noted that the agency receives a range of relevant assessments and information relating to individual service users prior to them receiving care. There are risk assessments in place relating for individual service users.

Staff could describe how they support service users to be involved in the development and review of their care plans; they record daily the care and support provided to service users. Service users are supported to participate in an annual review involving their HSCT keyworker and care plans are reviewed and updated annually or as required.

The agency’s registered premises are suitable for the operation of the agency as described in the Statement of Purpose. The agency’s offices are located in the same building as the service users’ accommodation and are accessed via a shared entrance.

Comments received during inspection.

Service user comments

- ‘I like it; I am very happy here.’
- ‘The staff look after you.’
- ‘I feel safe; I have no worries.’

Staff comments

- ‘Yes I feel the service users are safe.’
- ‘We have enough staff; the standard of care is good.’
- ‘I get supervision six monthly and KSF annually.’
- ‘***** looks after the training; training is good.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s staff training, appraisal, and adult protection.

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 inspector reviewed the agency’s arrangements for appropriately responding to and meeting the assessed needs of service users. Details of the nature and range of services provided were outlined within the Statement of Purpose and Service User Guide.

The agency’s data protection outlines the process for the creation, storage, retention and disposal of records. Documentation viewed during the inspection was noted to be maintained in accordance with legislation, standards and the organisational policy. Staff personnel records viewed were noted to be maintained in a secure manner; both electronic and paper records retained in the agency’s office were noted to be organised and held securely.

The inspector discussed with the registered manager the need to ensure that supervision and appraisal matrixes are kept up to date.

Service users could describe how staff support them to be effectively engaged in the development of their care plans; service users are provided with a copy of their care plan. The agency requests that service users sign the care plan to indicate that they have agreed to the care and support to be provided.

The inspector reviewed the agency's arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users. There is a system in place for monitoring the quality of the service provided on a monthly basis; it was noted that the process involves an audit being completed by the HSCT's quality monitoring officer. Records viewed indicated that the process seeks to obtain feedback from service users, relatives and relevant stakeholders in relation to the quality of the service provided.

Records of monthly quality monitoring visits viewed during and following the inspection were noted to include details of the review of the agency's systems and an action plan. The documentation includes details of the review of complaints, compliments, staffing arrangements, accidents, incidents or safeguarding referrals, restrictive practice and medication.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Discussions with the registered manager, staff and service users and observation of staff and service user interactions indicated that staff communicate appropriately with service users and provide care and support in a respectful manner.

Staff who spoke to the inspector had a good understanding of the individual needs of service users; they could describe the processes used to support service users to remain as independent as possible and to live a fulfilling life.

The agency aims to facilitate monthly staff meetings; records viewed indicated that a range of standard items are discussed at each meeting, they include staff training, policies and procedures, staffing arrangements and service user issues. Weekly service user meetings are held and service users stated that they are supported to attend; records of issues discussed were noted to include the views and comments of service users.

Discussions with the registered manager and staff demonstrated that they endeavour to develop and maintain effective working relationships with the other HSCT representatives and relevant stakeholders. The inspector viewed evidence of engagement between the agency's staff and HSCT community keyworkers.

Comments received during inspection.

Service user comments

- 'I go out with the staff; I go to the shops.'
- 'I like the staff; they take me everywhere.'

Staff comments

- 'Communication is good; we all work well together.'
- 'We are involved with care planning; service users have input.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's record keeping, auditing arrangements and communication with service users and relevant 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 assessed the agency's ability to treat service users with dignity, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive; it was noted that on occasions best interest meetings have been facilitated.

Staff could describe the range of ways they support service users to be involved in making informed choices and for respecting their views and wishes. The inspector noted from discussions with the registered manager, service users and staff and from observations of staff and service user interactions during the inspection that staff endeavour to ensure values such as choice, dignity and respect are embedded in the culture of the organisation. It was identified that a number of staff had provided care to the service users for a number of years and had a good understanding of their needs and methods required to ensure effective communication.

The agency had a range of systems in place to promote effective engagement with service users and where appropriate their representatives. The systems include the agency's monthly quality monitoring process; compliments and complaints process; annual care review meetings' weekly tenant's meetings and annual stakeholder surveys. It was identified that the agency's quality monitoring process assists in the evaluation of the quality of the service provided.

The agency has processes in place to record comments made by service users and where appropriate their representatives; details of the annual service user satisfaction survey, records of service user care review meetings, monitoring visits and quality monitoring reports viewed by the inspector provided evidence that the agency strives to engage with service users and a range of stakeholders in relation to the quality of the service provided.

Service users who met with the inspector indicated that they could choose to do what they wanted. The inspector observed staff supporting service users to make choices in relation to the care and support they receive.

Comments received during inspection.

Service user comments

- 'I can do what I want.'

- ‘Staff talk to me and help me.’
- ‘I have lived here a long time; I like the staff.’
- ‘I have a good time living here.’

Staff comments

- ‘Tenants have choice; the standard of care is good.’
- ‘This arrangement is better for the service user; they have their own room; it is more individualised.’
- ‘This is better than when they lived in the hospital.’
- ‘I have been here a long time; I am very happy.’

Areas of good practice

There were examples of good practice identified in relation to the agency’s processes for engaging with service users and relevant stakeholders, effective communication and providing care in an individualised manner.

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 agency has systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The agency is managed on a day to day basis a team of senior support workers supported by the registered manager. Staff could describe the process for obtaining support and guidance if required.

The agency policies and procedures noted to be in accordance with those as required within the minimum standards are retained in an electronic and a paper format. Staff could describe how they access the agency’s policies and procedures. During the inspection the inspector viewed a number of the organisation’s policies; it was identified that the Adult Safeguarding and complaints policies are currently in draft form.

The inspector reviewed the agency’s systems for auditing and reviewing information with the aim of promoting safety and improving the quality of service provided. Records viewed and discussions with the registered manager and staff indicated that the agency’s governance arrangements promote the identification and management of risk; these include provision of required policies, monthly audit of complaints, accidents, adult protection referrals, incidents notifiable to RQIA and practices that may be deemed as restrictive.

It was identified that the agency's complaints policy outlines the process for effectively handling complaints; discussions with the registered manager and staff indicated that they had knowledge of the actions required in the event of a complaint being received. It was noted that staff receive information in relation to managing complaints during their induction programme. The agency has provided service users with the complaints process in an easy read format.

The agency retains a record of all complaints or compliments received. It was noted from discussions with staff and records viewed that the agency has received no complaints since the previous inspection. Staff who spoke to the inspector could describe the process for managing complaints.

From records viewed and discussions with the registered manager the inspector noted that the agency has in place systems to monitor quality and promote improvement; these include arrangements for the monthly review of accidents, incidents, safeguarding referrals and complaints by the person completing the quality monitoring visit. During the inspection the inspector viewed evidence of appropriate staff training, supervision and appraisal.

The organisational and management structure of the agency is outlined in the agency's Statement of Purpose. Staff indicated that they had an understanding of their job roles and responsibilities; they are provided with a job description at the commencement of employment. Staff could clearly describe the process for raising concerns and had knowledge of the agency's whistleblowing policy.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body; details of individual staff member's registration is retained by the agency and monitored by the manager. Discussions with the registered manager provided assurances that the organisation has a process for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered. The manager could provide evidence that one staff member not denoted on the list was registered appropriately; they provided assurances that the list would be updated following the inspection.

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.

Comments received during inspection.

Staff comments

- 'I feel supported in my role.'
- 'We can approach the senior; there are on call arrangements.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements.

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.



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