

Unannounced Care Inspection Report 20 February 2017



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

1.0 Summary

An unannounced inspection of Orchard House took place on 20 February 2017 from 10.00 to 15.30.

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

Is care safe?

Delivery of safe care was evident on inspection. The agency has in place effective recruitment systems and endeavours to ensure that there is at all times an appropriate number of suitably skilled and experienced staff to meet the assessed needs of service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and on occasions collaborative working with Health and Social Care Trust (HSCT) representatives. There are systems in place to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. Service users indicated that they felt care provided to them was safe. Two areas for improvement were identified during this inspection in relation to the agency's staff rota information and safeguarding of vulnerable adult processes.

Is care effective?

Delivery of effective care was evident on inspection. It was identified that the agency responds appropriately to meet the needs of service users through the development and ongoing review of individualised care plans. The agency has implemented systems for review and monitoring of quality, providing ongoing assurance of continuous improvement of services in conjunction with service users and where appropriate, their representatives. There are systems in place to promote effective communication with service users and stakeholders. No areas for quality improvement were identified during this inspection.

Is care compassionate?

Delivery of compassionate care was evident on inspection. The inspector found that an ethos of dignity and respect and independence was embedded throughout staff attitudes and in the provision of person centred care and support. Observations made and discussion with staff and service users indicated that agency staff value and respect the views of service users. Service users stated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a more fulfilling life. No areas for quality improvement were identified during this inspection.

Is the service well led?

Delivery of a well led service was evident on inspection. There are management and governance systems in place to meet the individual assessed needs of service users. Agency staff indicated that they have an understanding of their roles and responsibilities within the management structure. There is evidence that the registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. No areas for quality improvement were identified during this inspection.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 3 March 2016.

2.0 Service details

Registered organisation/registered person: Southern HSC Trust/Francis Rice	Registered manager: Olive Hughes (Registration pending)
Person in charge of the service at the time of inspection: Senior Support Worker	Date manager registered: Olive Hughes - application received - "registration pending".

3.0 Methods/processes

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

- Discussion with the person in charge
- Examination of records
- Consultation with staff and service users
- 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 and following the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Training and Development Policy
- Recruitment Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Disciplinary Policy
- Whistleblowing Policy
- Data Protection Policy
- Complaints Procedure
- Statement of Purpose
- Service User Guide

During the inspection the inspector met with two service users, the person in charge and three staff members.

Questionnaires were distributed by the inspector for completion by staff and service users during the inspection; no questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

4.0 The inspection

Orchard House is a supported living type domiciliary care agency, 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 and maximising quality of life.

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

4.1 Review of requirements and recommendations from the last care inspection dated 3 March 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14 (b) & (d) Stated: Third time	The registered person must ensure that the service user guide and the agency's policies and procedures confirm the agency's contribution towards utility costs for the office accommodation located in the service user's home.	Met
	Action taken as confirmed during the inspection: It was noted that the service user guide details arrangements relating to the payment of utility costs for the office accommodation located in the service user's home.	
Requirement 2 Ref: Regulation 21(1)(a) Stated: First 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 and includes an abbreviation list.	Partially Met
	Action taken as confirmed during the inspection: The inspector noted from records viewed that the agency's staff rota included an abbreviation list; however it was identified that the agency did not consistently record the full name of staff provided.	

4.2 Is care safe?

During the inspection the inspector reviewed the staffing arrangements currently in place within the agency.

The agency's recruitment policy outlines the mechanism for ensuring that required staff pre-employment checks are completed prior to commencement of employment; it was identified that staff recruitment is managed by Business Services Organisation on behalf of the Health and Social Care Trust (HSCT). The person in charge could describe the procedure for ensuring that staff are not provided for work until all checks have been satisfactorily completed; they stated that outcome of the checks completed is retained by the Human Resources Department.

The agency's training and development policy outlines the induction programme lasting at least three days which is in accordance with the regulations; it was noted from records viewed and discussions with the person in charge that all staff are required to complete a corporate induction programme and in addition required mandatory training.

It was noted that the agency maintains a record of the induction programme provided to staff; documentation viewed by the inspector outlined the information provided during the induction period. Staff indicated that they had the relevant knowledge and skills to fulfil the requirements of their job roles. Staff described the detail of their induction programme which was noted to have included shadowing other staff members, meeting service users and becoming familiar with their individual care and support needs.

The person in charge stated that relief staff are accessed from the HSCT bank list and are required to complete the induction provided to all HSCT staff; they stated that staff are not accessed from another domiciliary care agency.

Discussions with the person in charge, staff and service users 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 service users. The agency's staff rota information reflected staffing levels as described by the person in charge and staff. A requirement stated in QIP in relation to the recording of staff names was assessed as being not met and will be restated.

The agency's supervision and appraisal policies outline the timescales and procedures to be followed. It was noted from information provided both during and following the inspection that the agency maintains a record of staff supervision and appraisal; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector could describe the benefits of supervision and appraisal meetings.

The agency has a system in place for recording staff training; staff could describe their responsibility in identifying gaps in training and ensuring that required training is completed. It was noted that staff are required to complete mandatory training and in addition training specific to the needs of individual service users. Training records viewed indicated that staff had completed appropriate training; the person in charge stated that the agency is currently in the process of developing a training matrix.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. It was identified that the agency has in place a policy relating to the safeguarding of vulnerable adults. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation is currently in the process of reviewing their policy and procedures to reflect information contained within the policy.

The inspector reviewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the person in charge it was identified that the agency has made a number of referrals to the HSCT safeguarding team in relation to alleged or actual incidences of abuse; records viewed indicated that the agency had acted in accordance with their procedures. The inspector noted that the agency does not consistently retain a record of the outcome of the referrals; a recommendation has been made.

Staff who met with the inspector demonstrated that they had an understanding of safeguarding issues. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults. The inspector noted that staff are required to complete training in relation to safeguarding vulnerable adults during their induction programme and in addition an update every two years. Staff could describe the process for highlighting and raising concerns; and had knowledge of the agency's whistleblowing policy.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Staff stated that they are required to involve service users in the completion of risk assessments and care plans. It was identified from records viewed and discussions with staff that care plans are reviewed monthly or as required and that service users have an annual review involving their HSCT community keyworker. The inspector viewed a number 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.

The agency's registered premises are located within the home of the service users; the premises are suitable for the operation of the agency as described in the Statement of Purpose.

Service user comments

- 'I am very happy.'
- 'I feel safe.'
- 'Staff are very good; this is a great place.'
- 'Lovely friendly place to live.'
- 'I have good neighbours.'
- 'I have no worries.'

Staff comments

- 'I get supervision; I like the one to one support.'
- 'In supervision I can raise issues and it puts me at my ease.'
- 'Service users are absolutely safe.'
- 'I would speak to the person in charge if I saw poor practice.'
- 'During my induction I shadowed other staff.'

Areas for improvement

Two areas for improvement were identified during this inspection in relation to the agency's staff rota information and safeguarding of vulnerable adult processes.

Number of requirements	1	Number of recommendations	1
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4.3 Is care effective?

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

The agency's data protection policy outlines the procedures for the creation, storage, retention and disposal of records. The inspector noted from records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy. It was identified from training records viewed that staff receive training relating to data protection and record keeping.

The inspector viewed a number of service user care records; service users stated that they are supported to be involved in the development of their individual care plans. It was noted that staff record daily the care and support provided and that care plans are reviewed monthly. The agency facilitates an annual review for service users involving the relevant HSCT keyworkers.

Discussions with staff and records viewed indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users on a monthly basis. The inspector identified that monthly quality monitoring visits are completed by the HSCT monitoring officer and an action plan developed. Records viewed included the comment made by service users, and where appropriate their representatives. The records include details of the review of accidents, incidents or safeguarding concerns and in addition audits of staffing, documentation and financial management arrangements are completed.

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 staff, and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users could describe the process for reporting issues or complaints and stated that they can speak to any of the staff members at any time.

The agency facilitates weekly service user meetings; service users indicated that they are supported and encouraged to attend and provided with the opportunity to express their views, preferences and opinions. It was noted from a number of records viewed that service users have signed the minutes of the meetings attended.

Staff could describe a range of ways in which the agency seeks to maintain effective working relationships with the other HSCT representatives and stakeholders.

Service users' comments

- 'Staff help me with everything.'
- 'I can do what I want.'
- 'I like to help in the garden; we won the Best Garden award.'

Staff comments

- 'We are a good team; we support each other.'

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?

During the inspection the inspector 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.

Discussions with service users and staff; and observations made during the inspection 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 how they support service users to take positive risks to enable them to live a more fulfilling life and to encourage them to be more independent.

From observations of staff interactions with service users during the inspection the inspector noted that care is provided in an individualised manner. Care plans viewed were noted to be completed in a person centred format; service users who spoke to the inspector stated that they are supported to be involved in making decisions regarding their care and support on a daily basis. Records of service user meetings reflected the involvement of service users and were noted to record comments made by service users. The inspector identified that the agency provides a range of documentation in an easy read format to assist service users in having a clearer understanding of the information provided.

The inspector noted that comments made by service users and/or their representatives were recorded throughout a range of the agency's documentation. Processes to engage and respond to the comments and views of service users and relatives are maintained through the complaints and compliments processes; monthly quality monitoring visits; annual review meetings; stakeholder and service users' annual satisfaction surveys and service user meetings. It was identified that the agency has in place a system to assist them in evaluating the quality of the service provided.

Discussions with staff and service users and observations made during the inspection indicated that service users are supported to make choices regarding their daily routine and activities; service users who spoke to the inspector stated that staff treat them with respect.

Service users' comments

- 'Staff listen to me; if I am worried I speak to staff.'
- 'I like going out; staff take me out for a run in the car.'
- 'I get choice.'
- 'Staff have great manners; they knock my door.'
- 'I am decorating my room; staff are helping me with this.'

Staff comments

- 'Service users get choice; some days there are five different dinners made.'
- 'We support service users to be as independent as possible but as they are getting older their needs are changing; some need more help now.'

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?

The 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 as outline within the minimum standards; it was noted that they are retained electronically. Staff could describe the process for accessing policies and procedures. The inspector viewed a number of the agency's policies and noted that they had been reviewed and updated in accordance with timescales details within the minimum standards.

Discussions with the person in charge and records viewed 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 complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The inspector viewed that agency's complaints policy and noted that it details the procedure for managing complaints; discussions with staff indicated that they have an understanding of the actions to be taken in the event of a complaint being received. Service users could describe the process for making a complaint and for raising concerns; it was noted that the agency provides service users with details of the process for making a complaint in an easy read guide.

It was noted that the agency has in place management and governance systems to drive quality improvement; these include arrangements for monitoring incidents, accidents and complaints. During the inspection process the inspector viewed evidence of appropriate staff induction, training, supervision and appraisal. Staff could describe the importance of identifying areas for improving the quality of the service.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff could describe the responsibilities and requirements of their individual job roles; service users were aware of staff roles and knew who to talk to if they had a concern. Staff stated that the manager and deputy manager are approachable and could describe the process for obtaining guidance and support at any time.

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 are reviewed as required; the inspector note that the agency are currently in the process of updating these records.

Staff comments

- 'The manager and deputy are approachable.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the domiciliary care agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 21(1)(a)</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection.</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner.</p> <p>This requirement relates to the registered person ensuring that the agency's staff rota information clearly records the full name of staff provided.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The registered person will ensure that staff rota information clearly records the full name of the staff provided. This will be monitored regularly by the registered person.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 14.7</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection.</p>	<p>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.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The registered person will ensure that written records are kept of suspected, alleged or actual incidents of abuse and include details of investigation, outcome and action taken by the agency</p>

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



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