

Unannounced Care Inspection Report 18 December 2017



Northern Ireland Institute for the Disabled

Type of Service: Domiciliary Care Agency
Address: 39 Downshire Road, Bangor, BT20 3RD
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Inspector: Amanda Jackson

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

The Northern Ireland Institute for the Disabled (NIID) is a supported living type domiciliary care agency. The agency provides care/support to disabled people in their own individual bungalows.

The agency's aim, as stated in their Statement of purpose is to "Provide the highest standard of person centred care and support, promoting independence and integration within the local community". The agency's values are to "Provide a safe environment which is service user focused, open and transparent, promoting team-work and personal development".

Service is provided to twenty eight service users by fifty five staff; service includes personal care, preparation of meals, as well as assistance with medication and social support. All care and support required is agreed by the service users and the HSC Trusts care managers.

3.0 Service details

Organisation/Registered Provider: NI Institute for the Disabled (NIID)	Registered Manager: Ms Margaret Millar
Responsible Individual: Mr Samuel Andrew Humphries	
Person in charge at the time of inspection: Ms Margaret Millar	Date manager registered: Ms Margaret Millar – application not yet submitted

4.0 Inspection summary

An unannounced inspection took place on 18 December 2017 from 09.45 to 15.30.

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 a number of areas of service delivery and care records and was supported through review of records at inspection. Feedback from service users, families, staff and a Health and a Social Care Trust (HSCT) professional during the course of the inspection was positive with two service users, four staff, two relatives and one HSCT professional presenting fairly good feedback. One area requested for review by one relative was shared with the manager post inspection.

Service users, families and the professional communicated with by the inspector, presented mainly positive feedback regarding the service provided by NIID in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report and were shared with the manager post inspection.

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.

Following discussions with the service users, two family members, the staff and one HSCT professional it was noted there was evidence overtime of positive outcomes for service users.

The inspector would like to thank the service users, families and agency staff for their warm welcome and full cooperation throughout the inspection process.

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 Ms Margaret Millar, manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 25 April 2016

No further actions were required to be taken following the most recent inspection on 25 April 2016.

5.0 How we inspect

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

- previous inspection report
- record of any notifiable events for 2016/2017
- Record of any complaints notified to the agency

On the day of inspection the inspector spoke with two service users who are supported by NIID to obtain their views of the service.

The inspector also spoke with the manager and four support workers.

During and following the inspection the inspector spoke with two family members in person and by telephone (respectively). The inspector also spoke with one HSCT professional during the inspection process to obtain their views of the service. The service users spoken with have received assistance with the following:

- social support
- support with personal care needs
- support with medication management
- support with budgeting.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users/family members. Three questionnaires were returned.

The following records were examined during the inspection:

- a range of policies and procedures relating to safeguarding, data protection, record keeping and complaints management
- three long term staff members' supervision and appraisal records
- three long term staff members' training records
- staff training matrix
- staff supervision matrix
- staff meeting minutes
- a range of staff rota's
- statement of purpose
- service user guide
- three long term service users' records regarding ongoing review, and quality monitoring
- three service users' home records
- service user/tenant meeting minutes
- three monthly monitoring reports
- annual quality report
- two complaints
- two incident records
- one safeguarding record
- one compliment

No areas for improvement were identified at the last care inspection on 26 April 2016.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 April 2016

The most recent inspection of the agency was an unannounced care inspection dated 26 April 2016.

6.2 Review of areas for improvement from the last care inspection dated 26 April 2016

There were no areas for improvement made as a result of the last 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.

The inspector was advised by two service users, two family members and one professional spoken with that the safety of care being provided by the staff at NIID was of a good standard.

Policies and procedures relating to staff recruitment and induction were held on site. The manager confirmed all policies are accessible on the service information system and in hard format.

The manager verified all the pre-employment information and documents would have been obtained as required through the services recruitment process. One new staff member has been recruited within the service since the previous inspection and review of this staff record supported appropriate procedures in place.

The service has introduced one new staff member to the service since the previous inspection and review of staff induction processes confirmed appropriate processes in place in accordance with the appropriate regulations and standards. The service is currently supported by several agency staff and staff profiles were available for these staff members.

Discussions with the manager and support staff confirmed all staff members' are currently registered with NISCC. A system for checking staff renewal with NISCC has not been implemented by the organisation. The manager provided evidence of the service checking process for renewal of registration. A range of communication methods to be used by the agency to inform staff of their requirement to renew registration were discussed and will include discussion during staff supervision and staff meetings.

Staff spoken with during the inspection where able to describe their registration process; and what registration with NISCC entails and requires of staff on an ongoing basis.

No issues regarding the carers' training were raised with the inspector by the service users or families or professionals.

Two service users spoken with confirmed that they could approach the support staff if they had any issues and were satisfied matters would be addressed. Services users also confirmed they were familiar with the manager and deputy manager and could speak with them if matters arose. The manager confirmed communication with the service users' is ongoing and includes interaction with the Health and Social Care Trust (HSCT) professionals and families. Service users, family and the professional spoken with confirmed communication is reasonable and in a timely manner. One family member stated 'communication has improved over recent times following an incident arising'. Examples of some of the comments made by the service users, families and the HSCT professionals are listed below:

- "I have a keyworker who I can discuss all matters with."
- "The staff are excellent."

- “Hugely satisfied with care received.”
- “Very good staff.”

The agency’s policies and procedures in relation to safeguarding adults and whistleblowing were discussed with the staff team and confirmed as available. The agency has revised their policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 (‘Adult Safeguarding Prevention and Protection in Partnership’). The agency’s whistleblowing policy and procedure was found to be satisfactory.

Staff spoken with at inspection were knowledgeable in respect of their roles and responsibilities regarding safeguarding. All staff spoken with were familiar with the new regional guidance and revised terminology and were familiar with the ‘safeguarding champion’ in the organisation.

The inspector was advised that the agency had one safeguarding matter since the previous inspection which was reportable to RQIA. Review of the incident and investigation records relating to this matter supported a robust process in line with agency procedures. Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing and were able to clearly describe the process.

Where issues regarding staff practice are highlighted via processes such as complaints or safeguarding, the manager confirmed processes which would be used to address any matters arising. Review of one matter which had arisen since the previous inspection again support processes in line with agency procedures.

Staff training records viewed for 2016-17 confirmed all staff were in the process of completing the required mandatory update training programme. The training records reviewed in staff files for 2016-17 contained a number of the required mandatory training subject areas and additional training specific to the service needs. Training is facilitated through the agency and external trainers with practical training in areas such as restrictive practices as required. Review of staff records confirmed mandatory training in line with agency procedures. Discussion during inspection with support staff confirmed satisfaction with the quality of training offered. Staff confirmed accessibility to additional training as required.

Records reviewed for three staff members evidenced mandatory training and appraisal compliant with agency policy timeframes. Staff appraisals were found to be referenced within staff supervision records. The manager discussed how staff supervisions are not currently in accordance with the agencies timeframes of quarterly due to the manager only taking up post during the 2017 year. Staff had received two supervisions since May 2017 and another was scheduled in the final quarter. The manager confirmed timeframes will be met going forward. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and good systems of daily communication.

The manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. Review of three service users’ records evidenced ongoing review processes, records had been signed by those involved including the service users where appropriate. Communication with service users, family and one HSCT professional during inspection supported a process of ongoing review with service user involvement. The manager confirmed that trust representatives were contactable when required regarding service user

matters, and communication with HSCT professionals was confirmed during inspection discussions.

Service users, family and the HSCT professional communicated with by the inspector, discussions with staff and review of agency rotas suggested the agency have appropriate staffing levels at present supported by a number of agency staff.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Three service user questionnaires were received post inspection and supported that care was safe. No staff questionnaires were received post inspection.

Areas of good practice

There were examples of good practice found during the inspection in relation to systems and processes around staff training and appraisal. Staff supervision is currently ongoing and assurances were provided that timeframes would be compliant going forward. Checking processes in respect of staff NISCC registration were evident during inspection. Review of service users' support needs were found to be ongoing. Feedback from service users, family and one HSCT professional supported some inconsistency in support provided to service users by the agency and these matters were shared with the manager during inspection.

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 was informed by the two service users', family and one HSCT professional spoken with that there were generally no matters arising regarding the support being provided by the staff at NIID. One family member did highlight more recent increase in staff numbers attending their family member is not ideal, the family member agreed to liaise with the manager in this regard and keep the matter under review.

No specific issues regarding communication between the service users, families, staff and professionals were raised with the inspector. Reviews were discussed with service users who confirmed they were involved in reviewing their support needs. The manager confirmed service users and other stakeholders receive a questionnaire to obtain their views of the service as part of an annual quality review process. The inspector discussed the need to incorporate findings from all staff into a complete annual review of the service and ensure any actions requiring review are clearly detailed; the manager provided assurances this would be taken forward post inspection. Service user feedback has been ongoing over time together with relative and

professional feedback through service user reviews, and through monthly monitoring completed in the service. These processes were confirmed during inspection.

Examples of some of the comments made by service users, family and one HSCT professional are listed below:

- "I'm well supported by staff."
- "xxx always looks forward to getting back home."
- "The service is terrific."
- "Supportive and caring staff."
- "They report issues, very good at communicating."
- "Quality of life has improved beyond all measure since xxx moved to the service three years ago."

Service user records included reviews completed by the agency ongoing with the trust reviews taking place periodically; service users views are obtained and incorporated where appropriate. Review of support plans within the agency supported an ongoing process involving service users and keyworkers; the support plans are signed by service users where appropriate. Involvement in reviews was discussed with service users during inspection and all confirmed involvement in this process.

The service has not introduced any new service user since the previous inspection. The manager confirmed the statement of purpose and service user guide are provided to new service users at introduction to the service.

The agency maintains recording sheets for each service user on which support staff record their daily input. The inspector reviewed three completed records and found the standard of recording to be good.

Staff spoken with during inspection demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager if any changes to service users' needs are identified. Staff discussed ongoing quality monitoring of service users' needs to ensure effective service delivery. Staff described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect.

Three service user questionnaires were received post inspection and confirmed satisfaction that care was effective. One service user stated 'I'm happy enough with things at the moment and have no issues'. No staff questionnaires were received post inspection

Areas of good practice

There were examples of ongoing support and review provided by staff and communication between service users, family, support staff and other key stakeholders. Feedback from service users, family and the HSCT professional was generally positive regarding the effectiveness of service support. Feedback from one family member regarding an area for ongoing review has been detailed under the previous section and shared with the manager following the inspection.

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 service users, family and HSCT professional spoken with by the inspector felt that care was compassionate.

Views of service users are sought through review processes and during monthly monitoring. Examples of some of the comments made by the service users, families and professionals during the inspection are listed below:

- “Hugely satisfied with care received.”
- “xxx quality of life is so much improved now and the service should be praised for this.”
- “Discussions with staff and observations of staff would suggest the service is changing and not what it was.”
- “I feel uneasy in some respects regarding service changes.”
- “They work hand in hand with us to support service users.”
- “They report issues, very good at communicating.”
- “Some service users could be encouraged more to go out during the day.”

The agency implements service user quality review practices on an ongoing basis. Quality monitoring from contacts during monthly quality visits evidenced positive feedback from service users alongside HSCT professionals, family and staff feedback.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service users’ wishes, dignity and respect.

Three service user questionnaires were received and did not highlight any matters surrounding compassionate care. No staff questionnaires were received post inspection.

Areas of good practice

There were examples of good practice found during the inspection in relation to the provision of compassionate care discussed by service users, families, the HSCT professional and staff on the day of inspection.

Areas for improvement

No areas for improvement were identified during the inspection in respect of regulations and standards.

	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.

All of the people spoken with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Positive feedback received during inspection has been referenced under the previous three sections and further detailed below. Comments made by staff, families and the HSCT professionals and compliments received by the service include:

- “It’s an amazing place to work.”
- “Everything is person centred.”
- “Very thorough recruitment and induction process”
- “Good support for staff.”
- “We have good support within the team and from line management who are approachable.”
- “They are approachable and management are likewise.”

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the current manager, the agency provides domiciliary care/supported living to twenty eight adults living within NIID.

The agency’s complaints information viewed was found to be appropriately detailed and included reference to independent advocacy services.

The policies and procedures are maintained on the service information system and in hard format and the contents discussed with the manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently within all policies reviewed during inspection. Staff spoken with during inspection confirmed that they had access to the agency’s policies and procedures. Staff confirmed that revised policies and procedures are discussed at staff meetings which take place on an ongoing basis and were evident during inspection.

The complaints log was viewed for 2016-2017 to date, with three complaints arising since the previous inspection. Review of two complaints supported an ongoing process of review and resolution.

Discussion with the manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA. A range of medication and care incidents had arisen since the previous inspection and were reportable to RQIA in line with the required procedures and timeframes. Review of two incidents during inspection supported appropriate procedures in place.

The inspector reviewed the monthly monitoring reports for September, October and November 2017. The reports evidenced that the monthly monitoring is carried out independently by the previous Nursing Home manager. Monthly monitoring was found to be in accordance with minimum standards regarding input from service users, family, staff members and professionals.

Discussion with four support staff during inspection indicated that they felt supported by their manager and within the staff team at NIID. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with professionals involved with the service were evident during the inspection and supported an open and transparent process in respect of appropriately meeting service users need. Communication with two family members and one HSCT professional during inspection supported an open communication process with staff at NIID.

Three service user questionnaires were received post inspection and supported a well led service. No staff questionnaires were received post inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service user support plans and review of service users support needs. Monthly monitoring of service users support needs and maintaining relationships with key stakeholders were also evident.

Areas for improvement

No areas for improvement have been 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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