

Unannounced Domiciliary Care Agency Inspection Report 25 April 2016



Northern Ireland Institute for the Disabled

39 Downshire Road, Bangor, BT20 3RD
Tel: 028 9146 5211

Inspector: Jim McBride

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Northern Ireland Institute for the Disabled took place on 25 April 2016 from 09:00 to 14:00. On the day of the inspection the agency was found to be delivering safe, effective and compassionate care and the service was found to be well led. The outcome of the inspection found no areas for concern.

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

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

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. No areas for quality improvement were identified.

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Paula Brittain the registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation / registered person: Samuel Humphries	Registered manager: Paula Brittain
Person in charge of the agency at the time of inspection: Paula Brittain	Date manager registered: Paula Brittain – 18/01/2010

3.0 Methods/processes

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable events

During the inspection the following processes used include the following:

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

The following records were examined during the inspection:

- A number of care and support plans
- Health and Social Care (HSC) Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports for December 2015, January, February and March 2016
- Minutes of staff meetings for August, October, November 2015 and January 2016
- Minutes of tenants meetings held in January and March 2016
- Staff training records relating to:

Induction

Positive behaviours

Health and safety

Vulnerable adults

Communication skills

- Records relating to staff supervision
- Complaints records
- Induction procedure
- Staff rota information

4.0 The inspection

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 seven service users by forty eight staff; service includes personal care, preparation of meals, as well as assistance with medication. All care and support required is agreed by the service users and the HSC Trusts care managers.

During the inspection the inspector spoke with the registered manager, five care workers and two service users. Their feedback has been included throughout this report.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA, nine questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users, eight questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

Following discussion with the registered manager, staff and service users, there was evidence of positive outcomes for service users. This has been demonstrated by the agency throughout this report.

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

4.1 Review of requirements and recommendations from the last care inspection dated 14 May 2016.

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

4.2 Is care safe?

The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. The Statement of Purpose was reviewed by the agency 14 April 2016.

The inspector was advised by the manager that service users are introduced to, and advised of the names of staff that will be providing care and support; this information is also included in the statement of purpose and the service user's guide. One service user stated *"The staff are helpful and I have got to know them all well."*

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The inspector examined ten care plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users and/or representative's views had been obtained and incorporated.

The agency has in place a written policy and procedure for the recruitment of staff. Records in place evidence the completion of pre-employment checks.

The agency has a structured staff induction programme which includes shadowing by an experienced staff member for all newly appointed staff, as well as induction of staff for short notice/emergency arrangements.

The agency's induction standards are in line with the Northern Ireland Social Care Council (NISCC) standards for new workers in social care. One staff member stated *"My induction was comprehensive and all the staff were very helpful and supportive."* *"The induction and ongoing support prepares you for the role."*

Records examined evidenced that staff have received core mandatory and other relevant training. Records of induction, including short notice procedures and including mandatory training, were retained within staff files reviewed. Staff confirmed that they have direct access to all policies and procedures which are held centrally within the agency. The manager reported that she undertakes supervision with senior staff who in turn supervises support staff. The inspector examined staff rotas for weeks ending 10 March 2016, 24 March 2016, and 1 May 2016 and was satisfied that the agency's staff resources meet service user needs. Discussions with the manager and staff indicated that an appropriate number of suitably skilled and experienced staff were available at all times.

Staff interviewed demonstrated an awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. Staff were aware of their obligations in relation to raising concerns about poor practice.

The manager stated that all suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures. There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed.

The two service users interviewed by the inspector stated that they felt safe and secure in their homes. Other comments included:

“I love it here”
“The staff are good.”

Staff comments:

“My supervision is good and it gives me the opportunity to discuss issues one to one.”
“The service is safe as all staff are trained to know how to provide care in a safe manner.”

Nine returned questionnaires from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal

Staff comments:

“Staff are trained and are aware of risks to clients”
“We are committed to the safety of clients”
“The safety of our service users always comes first.”

Eight returned questionnaires from service users indicated that:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm

Service users’ comments:

“I feel safe and secure here.”
“I’m happy here.”
“Staff look after me well, it’s safe here.”

It was good to note the positive comments from service users.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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4.3 Is care effective?

The service users interviewed by the inspector stated that they are aware of whom they should contact if there any issues regarding their care. Both said “*Staff.*”

Records viewed confirmed that direct observation of staff practice was carried out on a regular basis by managers who work closely with the care team. Staff are assessed on the following:

- Was care and support delivered?
- Is the tenant happy how the support was carried out?
- Was the support documentation dated and timed?
- Are medications being prompted and assistance documented?

The inspector noted the comments made by service users during the observed visits.

“I’m happy with my level of care”

“My support has changed to suit my needs”

“I’m happy with the support I receive.”

Service user records viewed by the inspector evidenced regular contact and feedback received from service users had been followed up. These records evidenced that the agency and the HSC Trust carries out care reviews with service users if changes to their needs are identified. The agency maintains a daily contact record for each service user. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user.

The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions. Service users are advised of independent advocacy services within the Service User Guide.

Staff interviewed provided examples to demonstrate how they promote service user independence, choices and respect. The service users interviewed were aware of whom they should contact if any issues arise regarding the service. The most recent monthly quality monitoring reports reviewed, evidenced that working practices are being systematically reviewed.

Staff confirmed that they worked very well as a team and that staff meetings are held on a regular basis.

The inspector noted the positive results from the tenants’ survey completed by the agency. The results evidence that service users feel the service they receive is average or above average in relation to:

- Providing support as agreed in care plans;
- Showing respect & being polite;
- Showing willingness to alter routines to suit individual needs;
- Responding to concerns;
- Responding to complaints about the service;
- Keeping them informed and up to date about any changes

The agency also sought views on service quality from relatives and professional staff. The inspector noted the action plan in place to resolve any issues of concern.

Care records examined reflected individualised assessments and person centred care plans, including choice and preferences, dignity and respect recorded in a manner which promotes the interests and independence of each service user. It was good to note that service users or their representatives are included in decision making regarding their care plan. Service users are also given the opportunity to comment on the quality of service.

The agency has in place a policy in relation to the creation and storage of individual records; this was reviewed by the agency 11 February 2016 and was satisfactory.

Service user comments:

*“The staff help me every day”
“I get to do lots of things here.”*

Staff comments:

*“The service is very effective as we provide person centred care and support”
“We promote independence and inclusion”
“We have a good supportive staff team.”*

Nine returned questionnaires from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal

Staff comments:

*“The staff are second to none”
“The clients are well cared for”
“Care is reviewed regularly and changes are made, it’s the clients’ choice.”*

Eight returned questionnaires from service users indicated that:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm

Service users’ comments:

*“I like my personal file, if I need anything I ask staff.”
“We are well looked after.”*

It was good to note the positive comments from service users.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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4.4 Is care compassionate?

The agency's Statement of Purpose and Service Users Guide reflects that staff will ensure that the beliefs and values of each service user are embedded in the day to day operation of the service. The staff described to the inspector that values form an important part of care provision including privacy, dignity, independence, choice, rights and fulfilment.

The service users interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff. One service user stated *"I have no complaints here; staff let me be independent and help me with everything in need."* *"It's my new home and it's great."*

No concerns were raised regarding the staff treating the service users with dignity or respect. Service users, as far as possible, are offered choices and are encouraged to complete tasks themselves when appropriate.

Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring provide assurance of quality monitoring and service improvement. The inspector recorded some comments by service users, relatives, staff and HSC Trust professionals:

Service user's comments:

"Staff are excellent"
"My needs are all met"
"Staff are very helpful"
"It's good living here."

HSC Trust comments:

"The move for my client has been life changing"
"The clients are very well supported"
"A very person centred team"
"Support plans are developed with clients."

Relatives' comments:

"Everything that's done benefits our daughter"
"I cannot speak to highly of the staff"
"The service could not be better I have no complaints."

Staff comments:

"We encourage independence"
"Staff management and training is very good"
"Team work is good."

The agency has in place an annual service quality monitoring report which is made available to service users and relatives/representatives describing the quality of service provided. The inspector examined the report and the actions to be completed. The information requested from service users has been highlighted earlier in this report.

Staff interviewed were aware of the agency's policy and procedure on confidentiality and could demonstrate how this is implemented.

During discussion with staff it was stated that:

"The service is compassionate as we provide care that suits individual needs. We listen to their views and opinions and act on any concerns"

"The staff team work well together."

Nine returned questionnaires from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal

Staff comments:

"Tenants are treated with the respect they deserve"

"Care plans are followed and updated when necessary"

"Clients are listened to and their views matter"

"The service user is always put first."

"It's up to service users how they lead their life."

Eight returned questionnaires from service users indicated that:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm

Service users' comments:

"I stick to my plan; staff listen to me and care for me well"

"I feel I can approach staff at any time."

It was good to note the positive comments from service users.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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4.5 Is the service well led?

The manager reported that the agency are in the process of reviewing all systems and processes and where necessary making changes. This is being completed in consultation with senior management staff and service users to help bring about further improvement. The inspector saw a number of policies that have been prepared for review.

A number of policies and procedures in place are accessible to staff in hard copy. Staff interviewed were aware of the complaints procedure and their role if they receive a complaint. The agency complaints policy and procedure are reflected within the Statement of Purpose and Service User Guide.

The agency reported two incidents to the RQIA as required and it was evident that agency procedures had been followed in relation to these. Incidents form part of the monthly monitoring and actions are taken to address concerns.

A number of staff training events have taken place and mandatory training is up to date for all staff. Supervision records examined by the inspector showed clear evidence of compliance with the agency's own policy and procedures. Feedback provided to the inspector indicated that staff do feel respected and supported by the manager.

One staff member stated. *"The manager has an open door policy an all the staff respect her and her values. "Another stated "The manager is very approachable and listens to your concerns."*

There was evidence of staff working in partnership with the commissioning HSC Trust. This was confirmed via records, within care plans and through discussions with the manager and staff. There is a whistleblowing policy and procedure and staff interviewed were aware of this.

There was evidence that staff were encouraged to be involved in the development and improvement of the service. This was noted within the staff meeting agendas and minutes. The agency has in place a policy and procedure on staff supervision and appraisal.

There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all staff. This is included in the agency's Statement of Purpose.

The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The agency had received five complaints during this period. Examination of records shows that all complaints had been resolved to the satisfaction of the complainants. The manager demonstrated their awareness of the regulatory framework and understanding of their obligations in relation to this. No areas for quality improvement were identified and the assessment of 'Is care safe' during this inspection is 'Good' The manager stated that a number of key policies were currently being reviewed by the agency.

There was evidence of regular and effective staff supervision, appraisal, and management of performance issues. The arrangements in place to manage incidents and complaints include measures to prevent recurrence of issues.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary. The registered person has shown an ability to respond appropriately to regulatory matters and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

During discussion with staff it was stated that:

“The service is well led as we listen to complaints and act on them”

“We know the manager and other senior staff are approachable and caring to both tenants and staff.”

Nine returned questionnaires from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal

Staff comments:

“The management is all we can ask for. They are approachable, professional and person centred.”

“The manager is very forward thinking”

“Easy to approach”

“The managers are considerate”

“Management are approachable, staff are listened to.”

Eight returned questionnaires from service users indicated that:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm

Service users' comments:

“Having a team leader and keyworkers makes me feel supported.”

It was good to note the positive comments from service users.

Areas for Improvement

No areas for improvement were identified during the inspection.

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



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

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews