

# Unannounced Care Inspection Report 4 April 2018



## Novara House

**Type of Service: Domiciliary Care Agency**  
**Address: 138 Thomas Street, Portadown, BT62 3AN**  
**Tel No: 02838331441**  
**Inspector: Kieran Murray**

[www.rgia.org.uk](http://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**

This is a domiciliary care agency supported living type which provides personal care and housing support to up to 10 service users who have experienced mental health difficulties. Service users receive support and care in relation to their daily living skills and emotional wellbeing and are encouraged to become more independent. The service users are supported by nine staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern Health and Social Care Trust  <b>Responsible Individual:</b> Mr Shane Devlin(Acting)	<b>Registered Manager:</b> Mrs Susan Black (Acting)
<b>Person in charge at the time of inspection:</b> Mrs Susan Black Registered Manager (Acting)	<b>Date manager registered:</b> 01 April 2016

### 4.0 Inspection summary

An unannounced inspection took place on 4 April 2018 from 09.25 to 17.00.

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 recruitment
- care reviews
- training and development
- supervision and knowledge, skills framework (KSF)
- professional body regulations

No areas of improvement were identified.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Susan Black, Manager (Acting), 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 26 July 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 July 2017.

## 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 notifiable incidents
- record of complaints
- correspondence with RQIA

During the inspection the inspector met with three service users, two staff, the manager, three Health and Social Care (HSC) Trust professionals and one service users' visitors/representatives.

The following records were examined during the inspection:

- three service users' care and support plans
- care review records
- HSC Trust assessments of needs and risk assessments
- recording/evaluation of care records
- monthly monitoring reports
- staff meeting minutes
- tenant meeting minutes
- records relating to staff training, including induction training
- records relating to staff supervision
- records relating to knowledge skills framework (KSF)
- complaints records
- incident records
- records relating to safeguarding of adults
- staff rota information
- staff communication records
- recruitment policy
- a range of policies relating to the management of staff
- supervision policy
- induction policy
- safeguarding adults in need of protection policy, 2016
- whistleblowing policy
- data protection policy
- Statement of Purpose
- Service User Guide

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. Six responses were received prior to the issues of the report. The manager was also asked to distribute 10 questionnaires to service users/family members. Seven responses were received.

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 person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 26 July 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 26 July 2017**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time	The registered person shall:  Ref: 11.2 where appropriate, a valid driving licence and insurance cover for business use of car is confirmed;	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector examined records which evidenced that staff had provided the manager with written statements and copies of their car insurance which included business cover so that they could use their cars as part of their day to day business.	

## 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 reviewed staffing arrangements during the inspection. The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and that these are satisfactory.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations; it was noted that staff should attend the Trusts Corporate Induction programme ideally within three months of commencement of employment. Staff stated that they are required to shadow other staff members during their induction and probation period. The inspector spoke to two staff that provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by other staff members and the manager.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

The manager and staff advised the inspector that the agency uses a small number of bank staff who currently work for a similar agency within the Trust. These staff have had an induction programme by their own agency within the Trust. The inspector was informed and evidenced that an induction checklist is completed by the agency.

#### Staff comments:

- 'I didn't have to go on nights until I was ready.'
- 'Induction is done very thoroughly.'

#### Service users' comments:

- 'I have nothing to complain about.'
- 'The staff look after everyone well.'

Examination of records indicated that a system to ensure that staff supervision and Knowledge Skills Framework (KSF) are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision in line with policy and procedure; records provided to the inspector confirmed this.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training records which indicated compliance with regulation and standards and the Trusts mandatory training. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. Mental Health Care Pathway, Epilepsy Management, Capacity and Consent and Learning Disability and Mental Health training.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) that was in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. The inspector noted a circular in the agency office outlining the names and contact details of the Adult Safeguarding Champion.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that there had one safeguarding referral to the Trust since the last inspection 26 July 2017. The referral was made appropriately and management plans were made in conjunction with the HSC Trust as evidenced by the inspector.

The inspector received feedback from staff which indicated that they are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

Staff informed the inspector that there was a 'Buddy System' in place where other agency's checked-in on them due to their isolated position. This usually took place during out of hours, night duty, bank holidays and Saturday/Sundays.

On the day of the inspection there were no restrictive practices in place.

The inspector noted that evidence of review of service users' needs took place annually or as required.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been a number of notifiable events to RQIA since the previous inspection 26 July 2017. The inspector evidenced that these notifiable events was screened out by the agency in accordance with its procedure and policy.

The inspector noted that the agency had received no complaints since the last inspection 26 July 2017.

Of seven responses returned by service users, four indicated that they were 'very satisfied' that care was safe and three indicated that they were 'satisfied' that care was safe. Of six responses returned by staff, three indicated they were 'very satisfied' that care was safe, one indicated that they were 'satisfied' care was safe and one indicated that they were 'very unsatisfied' care was safe.

The inspector contacted the manager on 19 April 2018 and advised of the 'very unsatisfied' response and as there was no contact details for the staff member the inspector has requested that the manager discusses the response at a team meeting to gain local resolution.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and knowledge skills framework (KSF), adult safeguarding, risk management and the availability of a 'Buddy System'.

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

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2018) and Service User Guide (2016).

The inspector reviewed three service users' care and support plans. The inspector was informed that care and support plans are reviewed on an annual basis or sooner if required. These records evidenced that the agency carries out reviews with service users if changes to their needs are identified. The inspector examined annual reviews in place and the records were satisfactory. The agency maintains daily contact records for each service user. Staff interviewed on the day of the inspection confirmed they were provided with details of care planned for each service user.

Feedback received by the inspector from staff and service users' indicated that service users: have a genuine influence on the content of their care plans.

The inspector examined weekly planners in each service users' records. Service users spoken to by the inspector confirmed that these weekly planners are completed in partnership with staff.

#### Service user' comments:

- 'I do not have any restrictions here in Novara House.'
- 'It was a good move here.'

#### Relative's comments:

- 'The staff are very good to him, very well looked after.'

#### Community keyworker's comments:

- 'The staff know the service user very well.'
- 'Good joined up working.'

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service.

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users', staff, relatives as appropriate and community keyworkers, and progress on improvement matters.

The inspector noted the following comments made by service users and community professionals during quality monitoring visits:

**Relative comments:**

'Very happy with the support XXX is receiving and XXX is happy that XXX can go home at weekends to keep the bond with XXX family.'

**Community keyworkers comments:**

- 'Happy with the standard of support provided by Novara.'
- 'Impressed with the care and support that has been offered to their client and is happy XXX is now available to move this person on to a more independent setting.'

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The staff described effective verbal and written communication systems with the staff team, including the use of a diary and verbal handovers. Staff who spoke to the inspector indicated that there are request sheets in the agency office to request days off, annual leave and courses.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff as they wished and appeared to enjoy good relationships with staff.

Review of team meeting records indicated that team meetings took place on a regular basis; the manager and staff who spoke to the inspector verified this and staff also informed the inspector that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that staff communication is good.

Review of tenant meeting minutes by the inspector showed the views of service users are taken into account in planning and making decisions. Service users were also given the opportunity to chair the tenant meeting. The inspector noted that service users were updated on new staff appointments, RQIA inspections, complaints and social event suggestions.

The inspector noted and examined the following survey carried out by Novara House staff, Tenant Questionnaire 2017 with positive results. The HSC Trust Corporate Plan 2017/2018-2020/2021 and the 5 Star Strategic Plan was available for staff in the agency office.

Advocacy services were recorded in the tenant meeting minutes for service users to contact if necessary and their proposed visits to the agency. The name and contact details of the advocate was available on the dining-room noticeboard.

Staff informed the inspector that service users are encouraged to take part in the Mental Health Forum run by the Trust thus enabling them access to the forums website and facebook page.

The staff interviewed informed the inspector that desktop computers are available in the agency office for staff to use to access policies on the L drive and on-line training.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

Of seven responses returned by service users, five indicated that they were ‘very satisfied’ that care was effective and two indicated that they were ‘satisfied’ that care was effective. Of six responses returned by staff, two indicated that they were ‘very satisfied’ care was effective, two indicated that they were ‘satisfied’ care was effective and one indicated that they were ‘very unsatisfied’ care was effective.

The inspector contacted the manager on 19 April 2018 and advised of the ‘very unsatisfied’ response and as there was no contact details for the staff member the inspector has requested that the manager discusses the response at a team meeting to gain local resolution.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.6 Is care compassionate?**

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated in liaison with a range of

professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff. Service users who wished to speak to the inspector were provided with privacy as appropriate.

It was evident that the agency staff and community keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

Feedback/observation from the service users indicated that staff have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that the agency had made particular efforts to facilitate service users to achieve goals and participate in activities of their choice.

The views of service users are recorded through the minutes of tenants' meeting. Tenant meeting minutes recorded discussions on a range of matters, including decisions made by service users regarding future activities. Staff informed the inspector that service users are given the opportunity to chair tenant meetings. The inspector also noted that tenant meeting minutes recorded discussions on how to make a complaint.

The agency maintains a range of quality monitoring systems to evaluate the quality of services provided, including monthly monitoring reports which specifically ascertain and include the views of service users' and their representatives.

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

- 'The staff are lovely.'
- 'The staff are very friendly and give a lot of support.'

#### **Relative comments:**

- 'It was a godsend to have Novara House for my XXX.'

#### **Community keyworker's comments:**

- 'Staff work around service users likes and dislikes.'

Of seven responses returned by service users, five indicated that they were 'very satisfied' that care was compassionate and two indicated that they were 'satisfied' that care was compassionate. Of six responses returned by staff, four indicated that they were 'very satisfied' care was compassionate and one indicated that they were 'very satisfied' care was compassionate.

The inspector contacted the manager on 19 April 2018 and advised of the 'very unsatisfied' response and as there was no contact details for the staff member the inspector has requested that the manager discusses the response at a team meeting to gain local resolution.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of established management and governance have been implemented at the agency. The day to day operation of the agency is overseen by the manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency’s governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team.

On the day of the inspection it was noted that a number of incidents had taken place since the last inspection, 26 July 2017. The inspector examined the records and found that the agency had dealt with the incident in accordance with its procedure and policy.

The agency operates a robust training system available for staff and maintains up to date records of training.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency’s policy and procedure. On the day

of the inspection it was noted no complaints had taken place since the last inspection, 26 July 2017.

There are effective systems of formal supervision and knowledge skills framework (KSF) within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

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

- 'If I wasn't happy I would talk to staff.'

#### **Staff comments:**

- 'XXX is very sharp and on the ball.'
- (Agency) 'I think the establishment is well led.'
- 'XXX is very proactive.'

Of seven responses returned by service users, five indicated that they were 'very satisfied' that the service was well led, one indicated that they were 'satisfied' that the service was well led and one indicated that they were 'undecided' if the service was well led. Of six responses returned by staff, three indicated they were 'very satisfied' that the service was well led, one indicated they were 'satisfied' the service was well led and one indicated that they were 'very unsatisfied' the service was well led.

The inspector contacted the manager on 19 April 2018 and advised of the 'very unsatisfied' response and as there was no contact details for the staff member the inspector has requested that the manager discusses the response at a team meeting to gain local resolution.

#### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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