

# Unannounced Care Inspection Report 06 March 2017



## Novara House

**Type of service: Domiciliary Care Agency**  
**Address: 138 Thomas Street, Portadown, BT62 3AN**  
**Tel no: 02838331441**  
**Inspector: Jim McBride**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Novara House took place on 06 March 2017 from 09.15 to 12.30.

The inspection sought to assess progress with any issues raised 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.

### 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 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 responds appropriately to the needs of service users through the development and review of care and support plans including continuous review of services in conjunction with 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. Service users and their representatives are 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 staff regarding changes in service users' needs. No areas for quality improvement were identified.

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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

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

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

## 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

<b>Registered organisation/registered person:</b> Southern HSC Trust/Mr Francis Rice	<b>Registered manager:</b> Mrs Susan Black
<b>Person in charge of the service at the time of inspection:</b> Mrs Susan Black	<b>Date manager registered:</b> 01 February 2016

## 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- Record of complaints for 01 April 2015 to 31 March 2016
- Statement of purpose
- Communications with the agency since the previous inspection.

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

- Discussion with staff
- Examination of records
- File audits
- Evaluation and feedback.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA; five questionnaires were returned. The manager was also asked to distribute five questionnaires to service users for return to RQIA; five questionnaires were returned.

The following records were examined during the inspection:

- Service user records in respect of referral, assessment, care plan and review
- Staff training schedule including:
- Vulnerable adults
- Human rights

- Challenging behaviour
- Support planning
- Supported living model of support
- Record keeping
- Medication
- Risk management
- MAPA
- Staff duty rotas
- The agency's Statement of Purpose.

#### **4.0 The inspection**

Novara House is a supported living type domiciliary care agency which provides care and housing support to up to ten individuals who have severe and enduring mental health problems. The inspector examined a range of documentation maintained by the agency and spoke with the registered manager. No service users were available for discussion during this unannounced inspection. The inspector would like to thank the agency staff for their warm welcome and full cooperation throughout the inspection process.

#### **4.1 Review of requirements and recommendations from the most recent inspection dated 06 November 2015**

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

#### **4.2 Review of requirements and recommendations from the last care inspection dated 06 November 2015**

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

#### **4.3 Is care safe?**

The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. A range of procedures were discussed relating to staff recruitment and induction training. The inspector found these procedures to be in compliance with related regulations and standards. The manager verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. A range of competency assessment had been carried out for each care worker and supervision records maintained. The manager demonstrated an awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. The manager stated that both she and staff were aware of their obligations in relation to raising concerns about poor practice. All suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures. Where shortcomings in systems have been highlighted as a result of an investigation, additional identified safeguards are put in place.

The agency's policies and procedures in relation to safeguarding vulnerable adults/children and whistleblowing were reviewed. Their 'Safeguarding and Protecting Service Users' policy and procedure provided information and guidance as required and did reference the Department of

Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'.

Staff training records viewed for 2015/16 confirmed all care workers had completed the required mandatory update training programme. The training plan contained each of the required mandatory training subject areas along with other training relevant to service users' care needs.

Six service user files reviewed confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The inspector was given assurances that all information relevant to service users was up to date and available from the HSC Trust staff as required. The inspector noted that the agency has facilitated a number of service user meeting and has included some of the topics discussed;

- Home safety
- Personal safety
- Staffing
- RQIA
- Advocacy
- New tenants
- Complaints
- Human rights.

Five returned questionnaire from staff indicated that:

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

Five 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.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.4 Is care effective?

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 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. The manager 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 (November 2016) 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.

The manager provided examples to demonstrate how staff promote service user independence, choices and respect. The most recent monthly quality monitoring reports reviewed, evidenced that working practices are being systematically reviewed, in relation to incidents and service user feedback.

The manager confirmed that staff worked very well as a team and that staff meetings are held on a regular basis. The inspector noted some of the topics discussed during recent staff meetings:

- Reviews
- Support plans
- Safeguarding
- Evaluations
- Supervision
- NISCC
- RQIA
- Risk management.

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 completed their Service improvement survey in April 2016 this was reviewed and was compliant with the regulations..

Five returned questionnaires from staff indicated that:

- Service users get the right care, at the right time and with the best outcome for them
- There are systems in place to monitor the quality/safety of the service you provide.

Five returned questionnaires from service users indicated that:

- Staff are trained to meet our needs
- They get the right care, at the right time and with the best outcome for them.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.5 Is care compassionate?

The agency's Statement of Purpose and Service Users Guide encourages staff to ensure that the beliefs and values of each service user are embedded in the day to day operation of the service. Service users 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 has included some comments made by service users, relatives, staff and HSC Trust professionals during monitoring visits:

### Service users' comments:

"I'm very well supported in Novara."  
 "Staff are all very helpful."  
 "I was involved in all parts of my tenancy from hospital to Novara."  
 "Staff give me good support and are approachable."

### HSC Trust comments:

"Staff have engaged well with tenants."  
 "I'm happy with the support my client receives."  
 "My tenants have no complaints."  
 "The level of support is excellent."  
 "Staff are doing a lot of work in helping my client."

### Relatives' comments:

"I'm happy with the care and support for \*\*\*."  
 "Supported living; works for my son."  
 "My \*\*\* is well supported and settled."  
 "I'm happy with the quality of support provided by staff."

### Staff comments:

"I enjoy my role here."  
 "I'm happy with the care and support provided to tenants."

Five returned questionnaires from staff indicated that:

- Service users are treated with dignity and respect and involved in decisions affecting their care
- That the people who use the service have their views listened to.

Five returned questionnaires from service users indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care

- Their views and opinions sought about the quality of the service.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

A number of policies and procedures in place are accessible to staff in hard copy and via the staff intranet. The manager was aware of the complaints procedure and her role if they receive a complaint. The agency complaints policy and procedures are reflected within the Statement of Purpose and Service User Guide.

A number of staff training events have taken place and mandatory training was 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. 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.

There was evidence that staff were encouraged to be involved in the development and improvement of the service. This was evidenced in the minutes of staff meetings and during discussions with the manager.

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 01 January 2015 and 31 March 2016. The agency has received no complaints during this period.

The agency has responded to all regulatory matters as and when required. 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 led the organisation in maintaining compliance with Regulations and Minimum Standards.

Five returned questionnaires from staff indicated that:

- The service is managed well
- Were satisfied that quality monitoring is undertaken regularly for staff and people who use the service.

Five returned questionnaires from service users indicated that:

- Feel the service is managed well



- They were satisfied that any concerns or complaints would be listened to and responded to.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**5.0 Quality improvement plan**

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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