



The Regulation and  
Quality Improvement  
Authority

Novara House  
RQIA ID: 11135  
138 Thomas Street  
Portadown  
BT62 3AN

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**Unannounced Inspection  
of  
Novara House**

**6 November 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 6 November 2015 from 10.00 to 14.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care.

There were no areas for improvement identified during this inspection.

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

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 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 can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Southern HSC Trust/Mrs Paula Mary Clarke	<b>Registered Manager:</b> Mrs Susan Black
<b>Person in charge of the agency at the time of Inspection:</b> Senior Support Worker	<b>Date Manager Registered:</b> 31 March 2014
<b>Number of service users in receipt of a service on the day of Inspection:</b> 10	

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.

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and themes have been met:

**Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

**Theme 2: Service User Involvement - service users are involved in the care they receive**

#### 4. Methods/Process

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

Prior to inspection the following records were analysed:

- The inspection report from the previous inspection of 17 June 2014
- RQIA's records of complaints received by the agency (four)
- Records of incidents reported to RQIA since the previous inspection (none)

During the inspection the inspector met with two service users and two care staff.

The following records were examined during the inspection:

- The alphabetical index of staff
- The staff duty rota (current and archives)
- Agency policies on recruitment, induction, supervision, whistleblowing
- Monthly quality monitoring reports
- Staff induction information
- Staff Information Booklet for Supported Living Novara House
- Staff training records
- Two service users' care records
- Staff meeting records

At the request of the inspector, the manager was asked to distribute RQIA questionnaires to agency staff and service users. Three of these were returned by service users and four staff returned a questionnaire to RQIA. The feedback from service users and agency staff was very positive and has been incorporated into the body of this report.

The inspector would like to thank the service users and agency staff for their participation in the inspection.

#### 5. The Inspection

##### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 17 June 2014. The completed QIP was returned and approved by the inspector.

##### 5.2 Review of Requirements and Recommendations from the last inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>	(1) The registered person shall establish and maintain a system for evaluating the quality	<b>Met</b>

<p><b>Ref:</b> Regulation 23 (1) (5)</p>	<p>of the services which the agency arranges to be provided (5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p><b>Action taken as confirmed during the inspection:</b> The reports of quality monitoring visits undertaken on behalf of the registered person were examined. The visits had been completed by management of other Trust regulated services. The reports consistently provided evidence of consultations with service users and their representatives.</p>	
<p><b>Requirement 2</b> <b>Ref:</b> Regulation 16 (2)</p>	<p>(2) The registered person shall ensure that each employee of the agency— (a) receives training and appraisal which are appropriate to the work he is to perform;</p> <p>This requirement refers to the provision of mandatory training including infection control and food hygiene.</p> <p><b>Action taken as confirmed during the inspection:</b> The agency's training records were examined and reflected the uptake of training in all of the mandatory areas including infection control and food hygiene.</p>	<b>Met</b>
<p><b>Requirement 3</b> <b>Ref:</b> Regulation 5 (1)</p>	<p>The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as "the statement of purpose") which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>The acting manager is required to forward to RQIA by 2 September 2014 confirmation that domiciliary care agency staff are not undertaking nursing tasks.</p> <p><b>Action taken as confirmed during the inspection:</b> The agency's statement of purpose was examined and had been revised in June 2015.</p>	<b>Met</b>
<p><b>Requirement 4</b> <b>Ref:</b> Regulation 15 (2)</p>	<p>(2) The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall— (a) be consistent with any plan for the care of the service user prepared by any Health and Social</p>	<b>Met</b>

	<p>Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This requirement refers to:</p> <ul style="list-style-type: none"> <li>• the service users' individual agreements which must set out the allocation of care hours.</li> <li>• The service users' financial support assessments and financial support plans must be in accordance with the HSC Trust assessment of need.</li> <li>• The service users' needs assessments and care plans must be consistent with the HSC Trust needs assessment and care plan</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> The service users' agreements examined outlined the number of care / support hours allocated to individuals. The financial support agreements and financial support plans reflected the HSC Trust assessment of need.</p>	
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 8.11</p>	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis.</p> <p>This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>This recommendation refers to the inclusion within the monthly quality monitoring reports of the views of professionals involved in the service.</p> <p><b>Action taken as confirmed during the inspection:</b> The monthly quality monitoring reports examined contained evidence of consultations with HSC Trust professionals during quality monitoring visits.</p>	<p><b>Met</b></p>

<b>Recommendation 2</b>  <b>Ref:</b> Standard 13.3	It was recommended that staff have recorded formal supervision meetings in accordance with the procedures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Staff records examined during the inspection confirmed that records are maintained of staff supervision sessions. Staff who participated in the inspection also confirmed that a record is kept of their supervision meetings.	

### 5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

#### Is Care Safe?

The agency's 'Recruitment and Selection Procedures' were examined and were in accordance with the regulations and specify the pre-employment checks to be carried out.

The agency maintains an alphabetical index of staff and this included the staff employed at Novara House and a number of bank staff who had been supplied or were available for supply to work with service users.

The agency's staff induction arrangements were examined and included an overview of the service, staff information booklet, induction programme for bank staff and induction check list. Staff are issued with the agency's 'Staff Information Booklet for Supported Living Novara House' which had been updated in June 2015. The booklet outlines the role of the worker, values and behaviours expected.

The agency's supervision policy was examined and outlined the frequency of supervision and the arrangements for recording the supervision meeting. Staff who participated in the inspection confirmed that a record of their supervision meeting is maintained and that they receive a copy.

The agency's appraisal policy outlined the frequency of appraisal which is annual. The inspector was advised that all staff have KSF performance appraisal meetings and that these are reviewed during planned supervision. Staff who met with the inspector confirmed that they had received an annual appraisal and that they have access to their appraisal records.

#### Is Care Effective?

There were 10 service users in receipt of a service at the time of the inspection. Staff consists of the registered manager, senior support workers and support workers. A senior member of staff works alongside support staff during the day and night time cover is provided by a support worker. There were on-call arrangements in place and staff reported that they can at all times access a more senior member of staff.

The agency's staff duty rotas were examined and reflected the staffing described by staff. Staffing levels were noted to be reduced at weekends due to fewer service users requiring support.

The service users who met with the inspector advised that they were satisfied with staffing levels and this was also indicated in the questionnaires returned by three service users. Service users who met with the inspector commented very positively on their relationship with staff and described the staff as caring and understanding. A service user advised the inspector that the manager and staff make the time to listen to service users.

The agency's induction policy was examined and referenced both a corporate and departmental / team induction. Induction records evidenced the provision of induction over a three day period. Agency staff advised that new members of staff work alongside more experienced members of staff during their induction period. All of the staff who returned a questionnaire indicated that they were satisfied or very satisfied that the agency's induction process prepared them for their role.

The inspector was advised that all supervisory staff who provide supervision have attended training in this. The staff who met with the inspector confirmed that they receive supervision and annual appraisal in accordance with the agency's policy.

The agency maintains 'Whistleblowing Policy and Procedures for Raising Issues of Concern at Work'; staff who met with the inspector confirmed that they were aware of the agency's whistleblowing policy and staff who returned a questionnaire also indicated that the policy is accessible to staff.

Three staff who returned a questionnaire indicated that they were very satisfied that there is at all times an appropriate number of suitably skilled and experienced staff to meet the needs of service users. One member of staff indicated that staffing levels can impact on the ability of staff to respond to multiple requests from service users to accompany them on outings.

### **Is Care Compassionate?**

The agency's reports of monthly quality monitoring activity reflected consultations with service users and their representatives. The reports included positive feedback from service users in relation to the staffing arrangements.

Service users who met with the inspector advised that staffing changes are discussed with them and that they are advised of any significant changes. Service users spoke positively about their working relationships with agency staff. Tenants' meeting records also outlined comments made by service users in relation to staffing.

### **Areas for Improvement**

There were no areas for improvement in relation to this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Theme 2: Service User Involvement - service users are involved in the care they receive**

### **Is Care Safe?**

The inspector examined two care records which contained assessments of needs and risks. The care records also referenced the human rights of service users and had been signed by the service user and their support worker. The care records had been prepared in a person

centred manner and highlighted risks. It was noted that some service users were engaging in positive risk taking and some were being supported to become more independent with their medication administration.

### **Is Care Effective?**

The inspector was advised by service users and agency staff that each service user has an annual review meeting which is attended by a HSC Trust professional. Care review records were in place and staff had prepared a review report for the meeting and attended the review meetings. Review records were signed by the manager and the HSC Trust. In addition to the annual review, agency staff regularly review the individuals' support needs. Service users who participated in the inspection advised the inspector that they have a 'key worker' who meets with them regularly to discuss their needs and preferences.

The records of tenants' meetings were examined and included discussions with service users about tenancy issues, housekeeping issues, new staff commencing, advocacy services, activities and the agency's complaints procedures.

### **Is Care Compassionate?**

All of the service users who returned a questionnaire indicated that they were satisfied or very satisfied that staff know how to respond to their needs and that their views and opinions are sought about the quality of the service provided.

Service users and agency staff described the arrangements in place to ensure that service users can make choices regarding their routines and activities. Service users described the individualised care and support they received and described agency staff as patient and compassionate.

Agency staff who met with the inspector demonstrated detailed and comprehensive knowledge of the individual service users and those who returned a questionnaire indicated their satisfaction that the agency operates in a person centred manner.

### **Areas for Improvement**

There were no areas for improvement in relation to this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.3 Additional Areas Examined**

### **5.4 Complaints**

The agency's complaints records were examined and included records of complaints raised by service users about the behaviours of other service users. The records contained evidence of liaison with the service users' housing provider in relation to tenancy matters.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.



**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	S Watson	<b>Date Completed</b>	09/12/2-15
<b>Registered Person</b>	Francis Rice	<b>Date Approved</b>	10/12/2015
<b>RQIA Inspector Assessing Response</b>	Audrey Murphy	<b>Date Approved</b>	18/12/2015

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and return to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**