

# Unannounced Care Inspection Report 26 July 2017



## 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 individuals 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 consulted and involved in all decisions associated with their support. They are supported by nine staff to develop independent living skills and to be involved in the local community.

### 3.0 Service details

|   |   |
|---|---|
| <b>Organisation/Registered Provider:</b><br>Southern HSC Trust/Mr Francis Rice                  | <b>Registered Manager:</b><br>Mrs Susan Black       |
| <b>Person in charge at the time of inspection:</b><br>Ms Stella Watson<br>Senior Support Worker | <b>Date manager registered:</b><br>01 February 2016 |

### 4.0 Inspection summary

An unannounced inspection took place on 26 July 2017 from 09.40 to 16.40.

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.

#### Areas requiring improvement were identified:

- Evidence of new staff's driving licence and business insurance cover.

#### Service users said:

- 'Friendly staff'
- 'Staff are good'.

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           | 1         |

Details of the Quality Improvement Plan (QIP) were discussed with Ms Hilary McCamley, Supportive Living Manager and Ms Stella Watson, Senior Support Worker as part of the inspection process. The timescales for completion commence from the date of inspection.

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

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, the supportive living manager, two senior support workers, one visiting professionals and one service users' representative.

The following records were examined during the inspection:

- Three service users' care and support plans
- Care review records
- 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/appraisal
- 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.

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 06 March 2017

The most recent inspection of the agency was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care/finance/ inspection dated 06 March 2017

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 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. However, on the day of the inspection the inspector could not evidence that three new staff's valid driving licences and insurance cover for business use were confirmed by the registered manager. An area for improvement has been noted.

On the day of the inspection, examination of records did not evidence next of kin details for staff. The agency forwarded a blank form which will be completed outlining staff's next of kin details and contact numbers and kept in the agency safe. The information was received within a specified time scale following the inspection. This can be evidenced at the next care inspection.

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 registered 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 senior support worker 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:**

- ‘The rota is fair.’

**Service users’ comments:**

- ‘Safe environment.’

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 and a Knowledge Skills Framework (KSF) assessment/review in line with policy and procedure; records provided to the inspector confirmed this. A matrix of supervision and Knowledge Skills Framework (KSF) was available in the office but supervision dates were not updated and maintained. The agency forwarded updated matrixes of supervision and Knowledge Skills Framework (KSF) within a specified time scale following the inspection.

The inspector observed evidence of staff’s registration with both the Northern Ireland Social Care Council (NISCC) and Nursing Midwifery Council (NMC) in their personal files. The senior support worker informed the inspector that the Trust alerts staff when their registrations are due for renewal.

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 matrix which indicated compliance with regulation and standards and the Trusts mandatory training. A member of staff provided feedback on Epilepsy Management training that they attended which could benefit staff and service users at the agency.

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 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 been no safeguarding referrals made since the previous inspection 06 March 2017.

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 Saturdays and 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. Agency support plans examined by the inspector reflected changes agreed through 'Person Centred Reviews'.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been one notifiable event to RQIA since the previous inspection 06 March 2017. The inspector evidenced that this notifiable event was screened out and closed by the agency in accordance with its procedure and policy.

The inspector noted that the agency had received no complaints since the last inspection 06 March 2017.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management.

### Areas for improvement

A valid driving licence and insurance cover for business use were not confirmed for new staff by the registered manager.

Of six questionnaires returned by staff, four indicated they were 'very satisfied' that care was safe and two indicated that they were 'satisfied' care was safe. Of seven questionnaires returned by service users, two indicated that they were 'very satisfied' that care was safe and four indicated that they were 'satisfied' care was safe.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 1         |

### 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 and Service User Guide.

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.

#### **Service user' comments:**

- 'Recovery College helped me write my own Wellness Recovery Action Plan (WRAP).'
- 'I have my own independence.'
- 'The staff do the best they can when you are in need of help.'

#### **Relative's comments:**

- 'I'm aware of the support plans.'
- 'I can participate in reviews.'

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

- 'staff are proactive.'
- 'a lot of experienced mental health staff which leads to stability.'

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 that staffing arrangements were increased for a period of time following a quality monitoring visit to enhance the support to service users.

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

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

'Novara had offered ..... an opportunity to leave a Trust facility'

#### **Community keyworkers comments:**

'.....advised that there is a good level of care with the tenant, .....advised that the close working arrangements between staff in supported living and community improved the outcomes for the tenants'.

‘..... agreed that the planning for tenants needs offers improved outcomes for the service user in the long-term’.

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. The inspector noted the use of pictorial guides in service users’ support plans to enhance communication. 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 registered 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 pending RQIA inspections, complaints and WRAP (Wellness Recovery Action Plan) training.

Advocacy services were recorded in the tenant meeting minutes for service users to contact if necessary and their proposed visits to the agency.

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.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <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.

The inspector was invited to visit service users in the communal areas and bedrooms of their home. The inspector noted items of personal effect in bedrooms.

A service user described to the inspector how they had devised their WRAP (Wellness Recovery Action Plan).

Staff interviewed on the day advised the inspector how they had arranged for service users to attend concerts in the local community.

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. The inspector was informed by staff that service users also work in local shops.

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 and day trips. 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:**

- 'I can go and visit family when I like.'
- 'I manage my own affairs.'

**Relative comments:**

- 'Staff are very hospitable.'

**Community keyworker's comments:**

- 'Very good working relationship.'

**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.

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

|  | Regulations | Standards |
|--|-------------|-----------|
| <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 registered 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 one incident had taken place since the last inspection, 6 March 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 and has an appointed safeguarding champion who is available for consultation with staff on training and safeguarding issues.

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, 06 March 2017.

There are effective systems of formal supervision 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:**

- The service is very good.'

**Staff comments:**

- 'Manager is very approachable.'
- (Agency) 'Excellent service provided for tenants and staff.'

**Relative comments:**

- 'I am kept updated.'
- 'Staff always make time for me.'
- 'More homely.'

Of six questionnaires returned by staff, three indicated they were 'very satisfied' that the service was well led and three indicated they were 'satisfied' the service was well led. Of seven questionnaires returned by service users, two indicated that they were 'very satisfied' the service was well led and five indicated that they were 'satisfied' the service was well led.

The inspector noted on one questionnaire returned by staff that they felt one female staff at night can feel vulnerable. On the day of the inspection it was evidenced in records and during conversations with staff that if extra staff is required to meet the needs of service users then this is facilitated by the agency.

**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.

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

**7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with, Ms Stella Watson, Senior Support Worker and Ms Hilary McCamley, Supportive Living Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

Dear Miss Mullan

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to [Agencies.Team@rqia.org.uk](mailto:Agencies.Team@rqia.org.uk)/via Web Portal/to RQIA office for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

### Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

|  |   |
|--|---|
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Immediate and ongoing</p> | <p>The registered person shall:</p> <p>Ref: 11.2 where appropriate, a valid driving licence and insurance cover for business use of car is confirmed;</p>   |
|  | <p><b>Response by registered person detailing the actions taken:</b></p> <p>Staff have been asked to provide a written statement that states; they hold current and appropriate business insurance for their cars to be able to transport tenants if required.</p> <p>Staff members have to email this response to the registered manager. BSO completes all Pre-employment checks for Valid Driving License, staff are required to inform management of any changes to this.</p> <p>All staff who claim mileage during the course of their duties are required to sign a statement that they have the relevant documentation in place to each claim.</p> |

*\*Please ensure this document is completed in full and returned to [Agencies.Team@rqia.org.uk](mailto:Agencies.Team@rqia.org.uk) from the authorised email address\**



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