

Unannounced Care Inspection Report 5 June 2018



Aldergrove House

Type of Service: Domiciliary Care Agency
Address: 7 Ashgrove Road, Newry, BT34 1QN
Tel No: 02830833173
Inspector: Kieran Murray

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 11 service users who have experienced mental health needs. 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 eight staff.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Mr Shane Devlin (Acting)	Registered Manager: Ms Teresa O'Neill
Person in charge at the time of inspection: Senior Support Worker	Date manager registered: 6 April 2016

4.0 Inspection summary

An unannounced inspection took place on 5 June 2018 from 09.45 to 17.20 hours.

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/induction
- care reviews
- training and development
- supervision and knowledge, skills framework (KSF)
- professional body registrations

Areas requiring improvement were identified:

- ensuring policies and procedures are reviewed and updated three yearly
- monthly monitoring reports should be completed monthly and available for inspection

Service users said:

- "I know how to contact my Trust key worker."
- "I have my own independent living at Aldergrove House."

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
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms Laura Maguire, Senior Support Worker and Mr Richard Gardner Supportive Living Manager, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 28 June 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 June 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 dated 28 June 2017 and quality improvement plan (QIP)
- record of notifiable incidents
- record of complaints
- correspondence with RQIA

During the inspection the inspector met with four service users, two staff, the supportive living manager and a visiting registered manager from another agency. The inspector made telephone contact with one Trust professional and one service users' representative following the inspection.

The following records were examined during the inspection:

- three service users' care and support plans
- care review records
- Health and Social Care Trust (HSCT) assessments of needs and risk assessments
- recording/evaluation of care records
- monthly quality 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 senior support worker was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Seven responses were received prior to the issue of the report. The senior support worker was also asked to distribute 10 questionnaires to service users/family members. Nine questionnaires were returned prior to the issue of the report.

The feedback received on the responses and questionnaire will be reflected in the body of the report.

There were a number of areas rated as 'very unsatisfied' on the responses returned by staff. As there were no contact details recorded for staff, the inspector spoke to the registered manager on the 25 June 2018 and discussed the feedback received. The inspector has been assured by the registered manager that the comments made would be discussed with staff in the forum of a team meeting and a record retained and that the report would be discussed at a team meeting.

The inspector requested that the manager place a 'Have we missed you?' card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially 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 28 June 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 28 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards 2011		Validation of compliance
Area for improvement 1 Ref: Standard 11.2 Stated: First time	The registered person shall confirm staff have a valid driving licence and insurance cover for business use of a car. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The inspector evidenced copies of business car insurance certificates in staff member's files.	
Area for improvement 2 Ref: Standard 9.5 Stated: First time	The registered person shall ensure policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures. Ref: 6.7	Partially met
	Action taken as confirmed during the inspection: The inspector reviewed the policies and procedures and found that not all were updated since the last inspection as agreed. The inspector has requested that the Supportive Living Manager forwards to RQIA a proposed timeframe for updating of Trust policies and procedures.	

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 Trust 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 one new staff member who 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 were 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. This staff group have had an induction programme provided by their own agency within the Trust.

Staff comments:

- "The rota used to be lovely, a long week and a short week. I liked the old way."
- "Staffing levels are low on occasions."

Service users' comments:

- "I would recommend Aldergrove House."
- "If I had any complaints I would contact RQIA."
- "I am very happy with the staff and clients."

Relatives' comments:

- "I have no problems with Aldergrove House staff."
- "I would report any concerns or complaints."

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.

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. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. Mental Health Awareness Training, Equality, Good Relations and Human Rights: Making a Difference, Capacity and Consent and Carbon Monoxide Awareness training.

The inspector evidenced a certificate of attendance displayed in a service users' home where they had attended Wellness Recovery Action Plan (WRAP) training. The service user informed the inspector that they had devised their own WRAP as evidenced by the inspector.

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 to Protection in Partnership' July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency included 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 28 June 2017.

The inspector noted Your Right to Raise a Concern at Work leaflets and posters available throughout the agency for staff stating 'See Something Say Something'.

The inspector received feedback from staff which indicated that they were aware of their obligations in relation to raising concerns about poor practice, and were 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 and lone working. This usually took place during out of hours, night duty, bank holidays, 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 monthly and annual reviews.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been a number of incidents since the previous inspection 28 June 2017 but none were notifiable to RQIA.

The inspector noted that the agency had received no complaints since the last inspection 28 June 2017.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training for service users and staff, supervision and knowledge, skills framework, adult safeguarding and risk management.

Of the nine questionnaires returned by service users, eight indicated that they were 'very satisfied' that care was safe and one indicated that they were 'satisfied' care was safe. Of the seven questionnaires returned by staff, three indicated they were 'very satisfied' that care was safe three indicated that they were 'satisfied' care was safe and one indicated that they were 'very unsatisfied' care was safe.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 (2018).

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.

Staff comments:

- "Knowing the tenants is half the battle."

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 were completed either by themselves or in partnership with staff.

Service user' comments:

- "My life turned round since I came to live in Aldergrove House."
- "I'm very happy, I love having a place of my own."

Relatives' comments:

- “XXXX has a great routine in Aldergrove House.”

Community keyworker's comments:

- “Service user's feedback to me that Aldergrove House is very good.”
- “When I visit staff give a good run down and handover on my service users.”
- “(Agency) ‘Staff contact me with genuine concerns.’”

The agency has developed a 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. However, on the day of the inspection the inspector noted that a number of monthly monitoring reports were not available for inspection. An area for improvement has been stated in relation to Regulation 23 (2) (3).

The inspector noted the following comments made by relatives during quality monitoring visits:

Relatives' comments:

- “Very happy with the accommodation and care XXXX receives in Aldergrove.”

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.

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 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 senior support worker 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 safeguarding, visit of advocate from Inspire, social outings and financial abuse.

The inspector examined the following survey carried out by Aldergrove House staff, Tenant Questionnaire 2017/2018, with positive results noted. 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.

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 the nine questionnaires returned by service users, eight indicated that they were 'very satisfied' that care was effective and one indicated that they were 'satisfied' that care was effective. Of the seven responses returned by staff, five indicated that they were 'very satisfied' care was effective, one indicated that they were 'satisfied' care was effective and one indicated that they were 'very unsatisfied' care was effective.

Areas for improvement

An area for improvement was made in regards to the completion and availability of monthly quality monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	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 promoted independence, equality and diversity of service users. Service users were encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support. Service users advised the inspector about their places of employment in the local community.

Feedback/observation from the service users indicated that staff had 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 were 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. A service user informed the inspector that it was their role to write up the tenant meetings minutes each month. The inspector also noted that tenant meeting minutes recorded discussions on how to make a complaint. The date of the next meeting was displayed in the agency and on the day of the inspection service users were able to verbally advise the inspector of the planned date of the next meeting.

On the day of the inspection service users advised the inspector of forthcoming social events and day trips planned at the agency. Service users informed the inspector that these events and day trips were chosen by themselves and supported by staff.

A service user informed the inspector that they had arranged an upcoming holiday to Tyrone with the support of staff.

Service users' comments:

- "The staff help and support."
- "I drive to XXXXXXXX to visit my family."

Relatives' comments:

- "This is the place we wanted XXXXX in."

Staff comments:

- "I think that all service users are treated with the dignity and respect they deserve here at Aldergrove House."

Community keyworker's comments:

- (Agency) "Very relaxed atmosphere."

Of the nine questionnaires returned by service users, nine indicated that they were 'very satisfied' that care was compassionate. Of seven responses returned by staff, five indicated that they were 'very satisfied' care was compassionate, one indicated that they were 'satisfied'

care was compassionate and one indicated that they were ‘very unsatisfied’ care was compassionate.

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.

	Regulations	Standards
Total number of areas for improvement	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 arrangements had been implemented at the agency. The day to day operation of the agency was overseen by the manager. The management structure of the agency was 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 included the agency’s governance of risk, which comprised of regular audit of adverse incidents; including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the Trust documentation.

On the day of the inspection it was noted that a number of incidents had taken place since the last inspection, 28 June 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 were maintained on an electronic system accessible to staff. On the day of the inspection the inspector noted that policies and procedures were not fully updated as agreed on the QIP from the last inspection 28 June 2017. The area for improvement in relation to Standard 9.5 has been restated for the second time.

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, 28 June 2017.

There were effective systems for 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.

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 were effective collaborative working relationships with key stakeholders and families, which are valued by staff.

Service users' comments:

- "XXXX is the manager."
- "The new Supportive Living Manager came and met all the service users."

Staff comments:

- "I would go to the manager if I had any concerns."
- "Management is changing all the time."

Community keyworker's comments:

- "Aldergrove House is very well run, good service."

Of nine questionnaires returned by service users, eight indicated that they were 'very satisfied' that the service was well led and one indicated that they were 'satisfied' that the service was

well led. Of the seven responses returned by staff, two indicated they were 'very satisfied' that the service was well led, four indicated they were 'satisfied' the service was well led and one indicated that they were 'very unsatisfied' the service was well led.

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

During the inspection a number of policies and procedures viewed had not been updated in accordance with minimum standards and the response outlined by the registered manager in the previous QIP.

	Regulations	Standards
Total number of areas for improvement	0	1

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 Laura Maguire, Senior Support Worker and Mr Richard Gardner, 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.

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 via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 23 (2)(3)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from issue of report</p>	<p>The registered person shall:</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <p>(a) arrange the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding-</p> <p>(i) what services to offer to them, and (ii) the manner in which such services are to be provided; and (c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: The Supported Living Manager Richard Gardner has agreed to complete and submit monthly quality monitoring reports to the RQIA for Aldergrove House. This has now commenced and will do so until further notice from RQIA.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 9.5</p> <p>Stated: Second time</p> <p>To be completed by: 24 July 2018</p>	<p>The registered person shall ensure policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: There are ongoing discussions with RQIA around registered managers ability to influence the updating of policies which are Trust wide, given that some are not within individual directorates ability to update. The Trust recognises that review dates may have been exceeded and continue to work on these, however, some await regional guidance. Staff within the Trust continue to work to policies and procedures</p>

	currently in place in the absence of an alternative.
--	--



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care