



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Aldergrove House**

**8 July 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 8 July 2015 from 10.00 to 16.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. 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	1

The details of the QIP within this report were discussed with the acting registered manager, Mrs Teresa O'Neill as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Southern HSC Trust/Ms Paula Clark	<b>Registered Manager:</b> Ms Teresa O'Neill (Acting)
<b>Person in charge of the agency at the time of Inspection:</b> Ms Teresa O'Neill	<b>Date Manager Registered:</b> 23 March 2015
<b>Number of service users in receipt of a service on the day of Inspection:</b> 11	

Aldergrove House is a supported living type domiciliary care agency which provides a range of personal care and housing support services to individuals with mental health needs. Service users have their care commissioned by the Southern Health and Social Care Trust.

### 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 and quality improvement plan from the previous inspection of 23 July 2014
- RQIA's records of complaints received by the agency (none)
- Records of notifiable events submitted to RQIA by the agency (none).

During the inspection the inspector met with six service users and two care staff. The inspector also made contact by phone with three of the relatives of service users on the day of the inspection.

At the request of the inspector, the manager was asked to distribute RQIA questionnaires to agency staff and service users. Ten of these were returned by service users and five staff returned a questionnaire to RQIA.

The manager provided the inspector with the contact details of a number of professionals who had agreed to provide feedback to RQIA on the quality of the service provided by the agency. The inspector spoke with two HSC Trust professionals after the inspection.

The feedback from service users, agency staff, service users' representatives and HSC Trust professionals was very positive and has been incorporated into the body of this report.

The following records were examined during the inspection:

- The alphabetical index of staff
- The staff duty rota (current and archives)
- Service user meeting records
- Monthly quality monitoring reports
- Staff induction information
- Staff handbook
- Staff training records
- Staff supervision and appraisal schedules
- Agency policies on recruitment, induction, supervision, whistleblowing
- Four care/support plans.

The inspector would like to thank the service users, their relatives, agency staff and HSC Trust professionals 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 23 July 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>  <b>Ref:</b> Regulation 23(1)(5)	(1)The registered person shall establish and maintain a system for evaluating the quality 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The reports of the monthly quality monitoring visits undertaken on behalf of the registered person were examined and included evidence of consultation with service users and their representatives.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 15(2)(c)	The registered person shall, after consultation with the service user and their representative ensure that a written plan is prepared which shall- (c) specify how these needs are to be met by the provision of prescribed services.  Each service user must have a record of the hours allocated to them individually for care and support.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector examined four care records and these had been revised to include the level and frequency of support to be provided in accordance with the individual's assessed needs. Service users who participated in the inspection indicated that their needs are fully met by staff and that they are aware of the amount of care/support allocated to them individually.	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 8.11	<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>It is recommended that the views of professionals are obtained and recorded within monthly quality monitoring reports.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The reports of the monthly quality monitoring visits undertaken on behalf of the registered person were examined and reflected the outcome of consultations with professionals involved in the service.</p>	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 9	<p>There are policies and procedures in place that direct the quality of care and services.</p> <p>This recommendation refers to the development of the agency's policy on challenging behaviour.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector examined the agency's policy on Management of Violence and Aggression (December 2014) which outlined the responsibilities of staff to implement the policy and to avail of relevant training.</p>	

<p><b>Recommendation 3</b></p> <p>Ref: Standard 12.3</p>	<p>The registered manager must ensure mandatory training requirements are met.</p> <p>It is recommended staff receive training in handling service users' money.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector was advised that all staff had received guidance on handling service users' finances and that none of the current service users require any support in this area. The monthly quality monitoring reports also reflected the monitoring of this requirement.</p>		
<p><b>Recommendation 4</b></p> <p>Ref: Standard 3.2</p>	<p>The registered manager must ensure that care and support plans are person centred.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector examined four care/support plans and found evidence of needs and risks described in a person centred manner. It was evident that service users had contributed to the development of the care plans and had signed the care records.</p>		
<p><b>Recommendation 5</b></p> <p>Ref: Standard 6.1</p>	<p>The agency participates in review meetings with the referring HSC Trust responsible for the service user's care plan.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager advised the inspector of the arrangements for all service users to have their needs and care plans reviewed at least annually by the HSC Trust. There were also arrangements in place for service users to avail of HSC Trust professional input as required and of agency staff initiating contact with the Trust when service users' needs change. Agency staff confirmed that they attend and participate in the review meetings held by the Trust.</p>		

### **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 had been issued in 2010, with revisions in 2012 and 2013.

The procedures were in accordance with the regulations and specify the pre-employment checks to be carried out. While there were no recent examples of the implementation of the agency's procedures, there was evidence within the procedures to support compliance with the regulations with regard to the range of pre-employment checks.

The agency maintains an alphabetical list of all staff supplied or available for supply for the agency.

At the time of the inspection, agency staffing was provided by the manager, three senior support workers and three support workers. Staffing is available for service users 24 hours per day and this includes waking night cover. The inspector was advised that there have been no new staff employed by the agency in recent years however there were plans to recruit a member of support staff.

The agency's induction programme was examined and provided evidence of a three day structured induction period and of the arrangements for access to an experienced member of staff during the induction period. The induction programme sets out the arrangements for the new staff member to work with service users, subject to their consent.

The inspector was advised that the agency does not supply staff from any other agencies to the homes of service users and that staffing shortages are covered by staff members, several of whom provide bank cover.

The agency's 'Staff Information Booklet for Supported Living' was examined and was in accordance with the regulations.

The agency's supervision policy was requested and was titled 'Allied Health Professions Supervision Policy'. The policy was discussed with the manager as it did not reflect the arrangements for domiciliary care staff to receive supervision. A recommendation has been made in this regard.

The manager maintains records of when staff have received supervision and these reflected the provision of group and individual supervision sessions and the staff member's annual appraisal.

#### **Is Care Effective?**

All of the service users who contributed to the inspection indicated that they were very satisfied that staffing levels are appropriate at all times. Service users also expressed high levels of satisfaction with the ability of agency staff to respond appropriately to their needs.

Agency staff who contributed to the inspection expressed high levels of satisfaction with the staffing arrangements.

The agency's staff duty rotas were examined and reflected the staffing levels described by the manager.

The inspector spoke with two HSC Trust professionals after the inspection and both provided positive comments in relation to staffing levels, skills and experience. A HSC Trust professional described the service provided as very relaxed and responsive to any changes in service users' needs.

There was a Staff Information and induction file and job descriptions for the manager, senior support staff and for support staff available for inspection.

Agency staffing had not changed in recent years and therefore there were no current examples of the agency's induction programme being implemented. The agency's induction programme has an evaluation section and the inspector was advised that this would be used by management to support the new member of staff to identify further training needs. Mandatory and other training areas are identified within the induction programme.

The relatives of service users who contributed to the inspection provided very positive feedback to the inspector in relation to the consistency of service provision. Relatives commented on the benefits of a largely static staff team and on the professionalism and person centred manner of the staff.

The manager confirmed that all supervisory staff have received training in the provision of staff supervision and described the arrangements in place to ensure that staff undertaking this role have up to date training in the area.

Discussion with the manager and examination of the records provided evidence of staff receiving regular supervision and annual appraisal.

The agency's "Whistleblowing Policy and Procedure for Raising Issues of Concern at Work" was examined and this sets out the arrangements for raising concerns internally and externally and included reference to RQIA and other professional/regulatory bodies. All of the staff who returned a questionnaire to RQIA indicated that they were satisfied that any concerns raised by staff would be taken seriously.

### **Is Care Compassionate?**

All of the service users who contributed to the inspection spoke highly of their experience of receiving care and support from the staff. Service users commented on how approachable staff are and how staff promote their independence, dignity and privacy. Service users also commented on the knowledge of staff and the ability of staff to respond appropriately to changing needs. Service users expressed great confidence and trust in the staff team and the manager.

The relatives of service users who spoke with the inspector also provided very positive comments in relation to the quality of the staffing arrangements. Comments from relatives include the following:

'The staff are brilliant'

'My XX is very well cared for, there's always somebody there'

'XX loves it there, the staff are very well trained'.



Relatives and service users advised the inspector that staff are always available and keen to respond to the needs of service users.

There were no induction records to refer to during the inspection as there were no recently appointed staff. However, the manager advised the inspector that any new staff coming to work with service users would be introduced gradually and would receive a thorough induction into the specific needs of each service user.

### Areas for Improvement

There was one area for quality improvement identified in this theme and this relates to the agency's supervision policy which should be developed to meet the needs of the domiciliary care agency and specify the frequency of staff supervision for agency staff.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</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 the care records of four service users and these had been written in a person centred manner and reflected the views and preferences of the service users. The care records had been signed by the service users and made explicit references to their human rights.

The care records also provided evidence of positive risk taking and supporting service users to become more independent in the areas of self-administration of medication, community access and daily living skills.

Service user who completed a questionnaire indicated that they were very satisfied that agency staff support them to feel safe and secure in their own homes. Service users who met with the inspector also confirmed that their views are sought regularly and that they are involved in the development of their care plans.

### Is Care Effective?

Service users and relatives who contributed to the inspection provided evidence of their involvement in the review of needs and the agency's records of review meetings were examined. The records had been signed by agency staff and the service users.

The inspector was advised that all of the service users have a HSC Trust professional key worker who reviews their care and support at least annually. Service users are encouraged to participate in their review meetings.

Service users have regular opportunities to express their views on service provision and there was evidence of this in the daily progress notes maintained by agency staff. Service users' care and support needs have been reviewed and include the level and frequency of support required in relation to identified needs and risks. The revised records contain explicit references to human rights and also reflect the service users' views and preferences.

Service users' views are sought during regular 'tenants meetings', through one to one conversations with their named 'key worker' member of staff. The agency has also completed an annual review of the service.

The inspector was advised of the availability of an independent advocacy service to service users and of some of the outcomes of the advocate's input with service users.

### **Is Care Compassionate?**

All of the service users who contributed to the inspection indicated that they were very satisfied with the care and support received and that their views and opinions are sought about the quality of the service.

The service users described the range of care and support they receive from agency staff. Service users confirmed that they receive this in an individualised manner and that staff maintain their privacy and dignity at all times. Service users also advised the inspector that they are consulted regularly and can contribute their views at any time to staff in relation to any aspect of service delivery.

The relatives of service users who contributed to the inspection provided very positive feedback in relation to the service and advised the inspector that the staff are compassionate, friendly, approachable and professional.

### **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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## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Teresa O'Neill, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) and assessed by the inspector.

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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

## Quality Improvement Plan

### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 13.2  <b>Stated:</b> First time  <b>To be Completed by:</b> 2 August 2015	The policy and procedures detail the arrangements for and frequency of supervision and staff appraisal.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Agency is compliant with standard 13.2
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<b>Registered Manager Completing QIP</b>	Teresa O Neill	<b>Date Completed</b>	04/08/2015
<b>Registered Person Approving QIP</b>	Francis Rice	<b>Date Approved</b>	05/08/2015
<b>RQIA Inspector Assessing Response</b>	Audrey Murphy	<b>Date Approved</b>	10/08/15

*\*Please ensure the QIP is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**