Unannounced Care Inspection Report
28 June 2017

Aldergrove House

Type of Service: Domiciliary Care Agency
Address: 7 Ashgrove Road, Newry, BT34 1QN
Tel No: 02830833173
Inspector: Lorraine O'Donnell

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

Aldergrove House is a supported living type domiciliary care agency which provides care and housing support to 11 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. Staff are available to support tenants 24 hours per day.

The inspector would like to thank the service users and staff for their feedback, support and co-operation throughout the inspection process.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust **Responsible Individual(s):** Mr Francis Rice	**Registered Manager:** Mrs Susan Black (Acting)
Person in charge at the time of inspection: Senior Support Worker	**Date manager registered:** Acting

4.0 Inspection summary

An unannounced inspection took place on 28 June 2017 from 09.45 to 16.30.

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 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:

- Quality monitoring reports
- Staff recruitment
- Staff induction
- Supervision and appraisal
- Communication between service users and agency staff and other key stakeholders.

Areas requiring improvement were identified:

- Ensuring policies and procedures are reviewed and updated three yearly
- Confirming where appropriate staff driving licence and insurance cover for business use of car.

Service users said:

- “staff are friendly”.
- “everything is done properly”.
- “brilliant staff here”.

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	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Hilary Mc Camley, Supported 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.

5.0 How we inspect

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

- Discussion with the HSC Trust Supported Living Manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback.

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection.

During the inspection the inspector met with four service users and two members of staff.

The following records were examined during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Training and Development Policy
- Incident Policy
- Recruitment Policy
- Supervision Policy

- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Data Protection Policy
- Complaints Procedure
- Statement of Purpose
- Service User Guide.

Prior to the inspection an inspector visited that agency's Human Resources (HR) department to review the agency's individual staff recruitment records.

Questionnaires were distributed by the inspector for completion by staff and service users during the inspection; one staff and seven service user questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

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 19 December 2016

There were no areas for improvement made as a result of the last care inspection.

6.2 Review of areas for improvement from the last care inspection dated 19 December 2016

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 patients and clients from the care, treatment and support that is intended to help them.

During the inspection the inspector reviewed that agency's processes in place to avoid and prevent harm to service users this included a review of staffing arrangements in place within the agency.

The inspector identified that recruitment of staff is processed by the organisations HR department. Prior to the inspection an inspector visited the HR department and examined a number of individual staff personnel records; documentation viewed included details of recruitment processes and pre-employment checks completed. Records viewed indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work until all required checks have been satisfactorily completed. The agency's recruitment policy outlines the mechanism for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The person in charge could describe the process for obtaining confirmation that staff are available to commence employment.

On the day of the inspection there was insufficient evidence to confirm that staffs' valid driving licences and insurance cover for business use were confirmed by the manager. An area for improvement has been noted.

The agency's training and development policy outlines the induction programme lasting at least three days which is in accordance with the regulations. Staff are required to complete an induction competency workbook and shadow other staff employed by the agency.

A record of the induction programme provided to staff is retained by the agency; records viewed by the inspector detail the information provided during the induction period. Staff who spoke to the inspector stated that they felt they had the knowledge and skills to fulfil the requirements of their individual job roles. It was noted that the person in charge is required to sign the induction record to confirm that the staff member has been assessed as competent.

The person in charge could describe the process for ensuring that staff provided at short notice have the knowledge and skills to fulfil the requirements of the job role; the agency retains details of induction and supervision provided.

Discussions with the person in charge indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge. However, on the day of inspection a member of staff had been reallocated to cover a shortfall in another service. The senior support worker informed the inspector assistance could be requested as necessary from the Supported Living Manager, Hilary Mc Camley. This manager came to the agency shortly after the commencement of the inspection and remained for the duration of the inspection. The reallocated staff member returned at 14:00 as previously arranged.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. It was identified from documentation examined during and following the inspection that the agency maintains a record of individual staff supervision and appraisal; records viewed by the inspector indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector confirmed that they had received supervision and appraisal and could describe the benefits; it was noted that newly appointed staff receive additional supervision during their induction and probationary period.

The agency has an electronic system in place for recording staff training; staff could describe the process for identifying gaps in training and for ensuring that required training updates are

completed. It was noted that staff are required to complete required mandatory training and in addition a range of training specific to the needs of individual service users.

The inspector viewed the agency's staff training matrix and noted that the record indicated that staff had completed relevant training. Staff who spoke to the inspector stated that they felt that their training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation did not hold an updated policy to reflect information contained within the regional policy, however, the policy folder contained the regional guidance document. It was noted that the agency staff have attended information sessions in relation to the updated procedures. The agency has identified an Adult Safeguarding Champion.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the person in charge and records viewed it was identified that the agency maintains a record of referrals made to the HSCT safeguarding team relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse and that a record of the outcome of any investigations are retained.

Discussions with staff demonstrated that they had a clear understanding of safeguarding issues and the process for reporting concerns. Staff had knowledge of the agency's whistleblowing policy. It was identified from training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition complete an annual update. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The inspector noted that the agency's risk management policy outlines the process for assessing and reviewing risk; it outlines that risk assessments and management plans are required to be completed in conjunction with service users and where appropriate their representatives. It was noted that service users are supported to participate in an annual review involving their HSCT keyworker and that care and support plans are reviewed six monthly or as required. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly governance arrangements include an audit of risk assessments and any practices deemed to be restrictive. Staff stated that there are currently no restrictive interventions in place.

The agency's registered premises are located within a separate building from the service users' accommodation; the premises include a number of offices that are suitable for the operation of the agency as described in the Statement of Purpose.

One staff and seven service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were very satisfied that care provided is safe.

Service users' comments

- "care at Aldergrove is excellent".
- "very safe".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, 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 staff by the agency.

	Regulations	Standards
Total number of areas for improvement	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 responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide. These documents were updated during the inspection to accurately reflect changes to the management structure. The Service User Guide and Staff Handbook were updated to include the service users agreed contributions to staff meals while on outings.

The agency's record keeping and record management policy outlines the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed both during and following the inspection were maintained in accordance with legislation, standards and the organisational policy. The inspector noted that staff had received training relating to record keeping, confidentiality and data protection. The agency's staff personnel records were retained securely.

Staff could describe the methods used to ensure that service users are supported to be involved in the development of their care plans. Service users who met with the inspector stated that that they are involved in the development of their individual care plans and that their choices are reflected. During the inspection the inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided.

Discussions with staff and records viewed indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by a senior manager and a detailed action plan developed. There are processes in place to ensure that relevant information is collated and audited on a monthly basis.

Records of quality monitoring visits viewed provide evidence of a robust system; they include comments made by service users, and where appropriate their representatives. The records include details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation and financial management arrangements. The inspector noted that this process includes a review of any practices which may be deemed as restrictive.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and staff, and observations of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users could describe the process for reporting concerns or complaints; the agency provides service users with an information booklet containing a comprehensive list of advocacy services available.

The agency facilitates monthly service user meetings; service users who met with the inspector indicated that they are encouraged to attend and supported to express their views and choices. The agency has a list of standard items that are discussed at all meetings it includes safeguarding and health and safety. It was noted that staff are required to sign the minutes of the meetings to indicate that they have read and understood the areas discussed and the information provided.

The person in charge could describe a range of ways in which the agency seeks to maintain effective working relationships with the HSCT representatives and other stakeholders.

One staff and seven service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were very satisfied that care provided is effective.

Service users' comments

- "I am very happy with my care".

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.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care and support.

Observations made during the inspection and discussions with service users and agency staff indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe examples of how they support service users to take positive risks to enable them to live a more fulfilling life. It was noted that staff have been provided with training and information in relation to human rights and confidentiality during their induction programme.

It was identified from observations of staff interactions with service users during the inspection that staff endeavour to provide care in an individualised manner and to ensure that service users are encouraged and supported to make informed choices. It was identified that the agency has provided a range of information in an alternative format to support service users to meaningfully engage in decisions about their individual care and support.

Service users who spoke to the inspector stated that staff encouraged them to be involved in making decisions regarding the care and support they receive. Records of service user meetings and care review meetings reflected the involvement of service users and were noted to contain comments made by service users.

The inspector noted that comments made by service users and/or their representatives were recorded throughout a range of the agency's documentation. Processes to effectively engage and respond to the comments and views of service users and were appropriate representatives are maintained through the agency's complaints process; monthly quality monitoring visits; annual care review meetings; annual stakeholder and service user satisfaction surveys and tenants meetings. It was identified from records viewed that the agency's quality monitoring process assists in the evaluation of the quality of the service provided, required learning outcomes and in identifying areas for improvement.

Observations made by the inspector during the inspection indicated that service users are supported and encouraged to make choices regarding their daily routine and activities. The inspector noted that service users could speak to staff at any time.

One staff and seven service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were very satisfied that care provided is compassionate.

Service users' comments

- "very, very compassionate and care".

Staff comments

- "the tenant is at the core of all care and support decisions here in Aldergrove".

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 reviewed management and governance systems in place within the agency to meet the needs of service users. RQIA had been notified of a change in the management arrangements since the previous inspection and had approved the acting manager arrangement. It was noted that the agency has implemented robust systems of management and governance. The agency is managed on a day to day basis by the acting manager.

It was identified that the agency has in place a range of policies and procedures as outlined within the minimum standards; they are retained both in an electronic and a paper format; staff could describe the process for accessing policies. The following policies viewed by the inspector were noted had not been reviewed and updated in accordance with timescales details within the minimum standards:

- Supervision Policy
- Appraisal Policy
- Recruitment Policy.

The inspector noted that the agency has a systematic approach in reviewing information with the aim of improving safety and quality of life for service users. It was identified from records viewed and discussions with the person in charge that the agency's governance arrangements promote the identification and management of risk; monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. Service users who spoke to the inspector could describe the process for making a complaint. It was identified from records viewed that the agency has managed complaints received in accordance with their policy and procedures.

There was evidence that the agency has in place management and governance systems to drive quality improvement; these include arrangements for monitoring incidents, accidents and complaints on a monthly basis. During the inspection process the inspector viewed evidence of appropriate staff induction, training, supervision and appraisal. Staff could describe the benefits of reviewing the quality of the services provided and of identifying areas for improvement.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with stakeholders, including HSCT representatives and relatives. The inspector noted positive feedback from the HSCT representatives regarding the ability of the agency to work in partnership; and their commitment to develop and implement strategies to ensure the best possible outcomes for individual service users.

The organisational and management structure of the agency outlined in the Statement of Purpose required updating and this was completed during the inspection; it details lines of accountability. Staff could describe the responsibilities and requirements of their job roles; service users who met with the inspector were aware of staff roles and knew who to talk to if they had a concern. Staff who spoke to the inspector had knowledge of the agency's whistleblowing policy and could describe the process for obtaining guidance and support including arrangements for out of hours. Staff stated that the manager is approachable.

The person in charge stated that all staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or an appropriate regulatory body. The Supported Living Manager confirmed that a record is maintained by the agency and the HR department detailing registration details and expiry dates. Discussions with the manager provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not registered.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide had been reviewed and updated.

One staff and seven service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were very satisfied that the service is well led.

Service users' comments

- "very helpful".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and quality improvement.

Areas for improvement

During inspection a number of policies and procedures viewed had not been updated in accordance with minimum standards.

	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 Hilary Mc Camley, Supported 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 to Agencies.Team@rqia.org.uk 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 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	
Area for improvement 1 **Ref**: Standard 11.2 **Stated:** First time **To be completed by:** Immediately from the date of inspection.	The registered person shall confirm staff have a valid driving licence and insurance cover for business use of a car. Ref: 6.4
	Response by registered person detailing the actions taken: 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. 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. 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.
Area for improvement 2 **Ref**: Standard 9.5 **Stated:** First time **To be completed by:** 28 September 2017	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
	Response by registered person detailing the actions taken: The registered manager will work with the Governance department and other specialised departments that work to develop review or design policies and proceedures to ensure that all policies and proceedures used in Supported Living are subject to a systematic three yearly review. the registered person will ratify with the Governance department and other specialist teams any revision to or the introduction of new policies and procedures.

Please ensure this document is completed in full and returned to Agencies.Team@rqia.org.uk from the authorised email address

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