

Unannounced Inspection Report 19 December 2016



Aldergrove House

Type of service: Domiciliary Care Agency
Address: 7 Ashgrove Road, Newry, BT34 1QN
Tel no: 02830833173
Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Aldergrove House took place on the 19 December 2016 from 09.30-13.30.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency responds appropriately to the needs of service users through the development and review of care and support plans including continuous review of services in conjunction with service users and their representatives. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust staff regarding changes in service users' needs. No areas for quality improvement were identified.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Teresa O'Neill, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Southern HSC Trust/Mr Francis Rice	Registered manager: Mrs Teresa O'Neill
Person in charge of the service at the time of inspection: Mrs Teresa O'Neill	Date manager registered: 06 April 2016

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report;
- Previous returned quality improvement plan (QIP);
- Record of notifiable events for 2015/2016;
- Record of complaints for 01 April 2015 to 31 March 2016;
- Communications with the agency since the previous inspection.

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

Discussion with staff;
Discussion with service users;
Examination of records;
File audits;
Evaluation and feedback.

At the request of the inspector staff were asked to distribute 8 questionnaires to staff for return to RQIA; five questionnaires were returned. The Staff were also asked to distribute 10 questionnaires to service users for return to RQIA, ten questionnaires were returned.

The following records were examined during the inspection:

- Service user records in respect of referral, assessment, care plan and review;
- Staff training schedule including: vulnerable adults/safeguarding, human rights, medication, MAPA, first aid, risk assessment, care planning;

- Staff duty rotas;
- The agency's Statement of Purpose.

4.0 The inspection

Aldergrove house is a supported living type domiciliary care agency which provides care and housing support to eleven 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. Following discussion with the staff and service users it was noted there was evidence of positive outcomes for service users. This has been demonstrated by the agency throughout this report.

The inspector examined a range of documentation maintained by the agency and spoke with the registered manager two members of staff and one service user who met with the inspector. The inspector would like to thank the agency staff and service users for their warm welcome and full cooperation throughout the inspection process.

4.1 Review of requirements and recommendations from the most recent inspection dated 08 July 2015.

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 08 July 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 13.2 Stated: First time	The policy and procedures detail the arrangements for and frequency of supervision and staff appraisal.	Met
	Action taken as confirmed during the inspection: The policy in place was satisfactory. The inspector examined a number of supervision and appraisal records during the inspection. The records in place were satisfactory.	

4.3 Is care safe?

The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be in compliance with related regulations and standards. Staff feedback verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with

each staff member. The induction procedures were reviewed by the agency in November 2015 and the updated versions are now in use for all staff. A competency assessment has been carried out for each care worker and supervision records maintained. Staff interviewed demonstrated an awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. The regional Adult protection procedures were available in draft for inspection.

Staff were aware of their obligations in relation to raising concerns about poor practice. Staff stated that all suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures. Where shortcomings in systems have been highlighted as a result of an investigation, additional identified safeguards are put in place.

The agency's policies and procedures in relation to safeguarding vulnerable adults/children and whistleblowing were reviewed. Their 'Safeguarding and Protecting Service Users' policy and procedure provided information and guidance as required and did reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015/16 confirmed all care workers had completed the required mandatory update training programme. The training plan contained each of the required mandatory training subject areas along with other training relevant to service users' care needs.

Samples of service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The inspector was given assurances that all information relevant to service users was up to date and available from the HSC Trust staff as required.

The inspector noted that the agency has facilitated a number of service user meeting and has included some of the topics discussed:

- Stranger danger;
- Advocacy;
- Service user guide;
- Staffing;
- Safeguarding;
- Complaints;
- RQIA.

Service user's comments:

"This is more than a home to me."

"I feel safe and secure here."

Staff comments:

"The induction is good a helps prepare people for the job."

"The tenants are safe here and we aware of their need for personal safety."

Five returned questionnaire from staff indicated:

- Staff receive appropriate training for their role.

- Staff receive supervision and appraisal.

Ten returned questionnaires from service users indicated that:

- Staff are trained to meet our needs.
- The care they receive helps them feel safe and protected from harm.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Service user records viewed by the inspector evidenced regular contact and feedback received from service users had been followed up. These records evidenced that the HSC Trust carries out care reviews with service users if changes to their needs are identified. The inspector examined a number of annual reviews in place and the records were satisfactory. The inspector noted some of the comments made by service users during their annual review:

“I’m very happy in my bungalow.”

“I like staff to help with my care.”

“I like living here.”

“I get enough support.”

“Aldergrove is the best place to live.”

“I’m more independent here.”

The agency maintains a daily contact record for each service user. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user.

The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions. Service users are advised of independent advocacy services within the service User Guide.

Staff interviewed provided comprehensive examples to demonstrate how they promote service user independence, choices and respect. The most recent monthly quality monitoring reports reviewed, evidenced that working practices are being systematically reviewed, in relation to incidents and service user feedback.

Staff confirmed that they worked very well as a team and that staff meetings are held on a regular basis. Care records examined reflected individualised assessments and person centred care plans, including choice and preferences, dignity and respect recorded in a manner which promotes the interests and independence of each service user. It was good to note that service users or their representatives are included in decision making regarding their care plan.

Service users are also given the opportunity to comment on the quality of service. The agency completed their Service improvement survey in April 2016. The inspector noted the positive responses. Following the improvement survey the agency provides an action plan to help improve quality.

The inspector noted some of the areas the tenants were asked to comment on:

- Do you know how to make a complaint?
- Are you involved in your care planning?
- Do staff gain your consent before offering care and support?
- Do you have choice/control over what happens in your home?
- Do you feel included and treated equally in the community?
- Do you feel your needs are met by the current level of care/support?
- Do you know your named keyworker?

Service user’s comments:

“I’m very happy here.”

“The manager and the staff are good listeners and empathetic to our needs.”

Staff comments:

“Training is all completed by staff and was enjoyable.”

“Supervision is good and we have time to discuss any concerns we have in a confidential way.”

Five returned questionnaires from staff indicated:

- Service users get the right care, at the right time and with the best outcome for them
- There are systems in place to monitor the quality/safety of the service you provide.

Ten returned questionnaires from service users indicated that:

- Staff are trained to meet our needs
- They get the right care, at the right time and with the best outcome for them.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The agency’s Statement of Purpose and Service Users Guide encourages staff to ensure that the beliefs and values of each service user are embedded in the day to day operation of the service. The staff described to the inspector that values form an important part of care provision including privacy, dignity, independence, choice, rights and fulfilment. Staff interviewed were aware of the agency’s policy and procedure on confidentiality/privacy and could demonstrate how this is implemented.

Service users are offered choices and are encouraged to complete tasks themselves when appropriate. Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, relatives, professionals and staff. The agency’s reports of monthly monitoring

provide assurance of quality monitoring and service improvement. The inspector has included some comments made by service users, relatives, staff and HSC Trust professionals during monitoring visits:

Service users' comments:

"Here helps me feel safe."
"The support I receive helps me lot."
"I enjoy the independence supported living gives me."
"This service offers structure to my life."

HSC Trust comments:

"Support supplied to my client is excellent."
"Staff are very approachable and will help with problems."
"I have good communication with staff."
"Aldergrove offers extra support to tenant's."

Relatives' comments:

"I can't emphasise enough the good care and support."
"I would not be here today if I had not got Aldergrove and the support."
"**** is happy and contented here."
"No concerns."
"***** benefits from being here it's good for ***"

Staff comments:

"I get positive comments from tenants about their care."
"Supervision is helpful with my practice."
"Good positive changes for clients."
"The standard of care is very high."
"I'm well supported within the team."

Staff and service users gave the following comments to the inspector during the inspection:

Service user's comments:

"I have privacy in my own home."
"Staff treat us all with dignity and good humour."
"We are a big family here, it just feels that way."

Staff comments:

"We have a great team of care staff,"
"We know all the care and support needs of tenants and have developed effective care plans to meet the needs."

Five returned questionnaires from staff indicated:

- Service users are treated with dignity and respect and involved in decisions affecting their care
- That the people who use the service have their views listened to.

Ten returned questionnaires from service users indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care.
- Their views and opinions sought about the quality of the service.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

A number of policies and procedures in place are accessible to staff in hard copy and via the staff intranet. Staff interviewed were aware of the complaints procedure and their role if they receive a complaint. The agency's complaints policy and procedures are reflected within the Statement of Purpose and Service User Guide.

A number of staff training events have taken place and mandatory training was up to date for all staff. Supervision records examined by the inspector showed clear evidence of compliance with the agency's own policy and procedures. Feedback provided to the inspector indicated that staff feel supported by the manager.

There was evidence of staff working in partnership with the commissioning HSC Trust. This was confirmed via records, within care plans and through discussions with the staff. There is a whistleblowing policy and procedure and staff interviewed were aware of this.

There was evidence that staff were encouraged to be involved in the development and improvement of the service. This was evidenced in the minutes of staff meetings and during discussions with staff. The inspector noted some of the topics discussed during staff meetings:

- Training;
- RQIA;
- Support plans;
- Quality improvement;
- NISCC;
- Domiciliary care standards.

There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all staff. This is included in the agency's Statement of Purpose. The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The agency had received no complaints during this period.

The agency has responded to all regulatory matters as and when required. There was evidence of regular and effective staff supervision, appraisal, and management of performance issues. The arrangements in place to manage incidents and complaints include measures to prevent recurrence of issues.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary. The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

Service user’s comments:

“The manager and staff are excellent, they care about Aldergrove.”

Staff Comments:

“We have a good care team who communicate well with each other.”

“We are well supported by the manager.”

Five returned questionnaires from staff indicated:

- The service is managed well
- They were satisfied that quality monitoring is undertaken regularly for both staff/volunteers and people who use the service.

Ten returned questionnaires from service users indicated that:

- They feel the service is managed well
- They were satisfied that any concerns or complaints would be listened to and responded to.

No areas for improvement were identified during the inspection.

Number of requirements		Number of recommendations	
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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