

Announced Care Inspection Report 01 December 2016



Inch Facility

**Domiciliary Care Agency/Supported Living
69 - 71 Lisanally Lane, Armagh, BT61 7HF
Tel no: 028 3751 0154
Inspector: Jim McBride**

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of the agency took place on 01 December 2016 from 09.30 13.00. 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 are 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 Hilary McCamley, Supported Housing 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 28 January 2016.

2.0 Service details

Registered organisation/registered person: Southern HSC Trust, Francis Rice	Registered manager: Louise Mary Dalrymple
Person in charge of the service at the time of inspection: Hilary McCamley	Date manager registered: 06 October 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
- Examination of records
- File audits
- Evaluation and feedback.

At the request of the inspector staff were asked to distribute 10 questionnaires to staff for return to RQIA; six questionnaires were returned. The Staff were also asked to distribute six questionnaires to service users for return to RQIA; it was disappointing to note that no questionnaires were returned. The inspector discussed the lack of response with the registered manager on the 15 December 2016 prior to the issue of the inspection report, who stated that the questionnaires were distributed to service users following the inspection.

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
- Human rights
- Challenging behaviour
- Manual handling
- Supported living model of support
- Record keeping
- Medication
- Transcribing
- Staff duty rotas
- The agency's Statement of Purpose
- Policies and procedures relating to supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification and complaints records.

4.0 The inspection

INCH facility is a supported living type domiciliary care scheme, based on individual tenancies under the NIHE supporting people scheme. The schemes statement of purpose states INCH offers service users a domestic environment which encourages decision making whilst planning their own individual care. This is achieved through on-going support and care to provide opportunities for the development of social skills, daily living skills and emotional wellbeing enabling service users to become more confident and empowered to cope with independent living. Following discussion with the staff 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 four members of staff. Service users who were asked to speak to the inspector declined on this occasion. The inspector would like to thank the agency staff for their warm welcome and full cooperation throughout the inspection process.

4.1 Review of requirements and recommendations from the most recent inspection dated 28 January 2016

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 28 January 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.7 Stated: First time	It is recommended that staff induction records are retained.	Met
	Action taken as confirmed during the inspection: The inspector noted induction records in place	

	and was satisfied that these met the recommendation.	
Recommendation 2 Ref: Standard 12.3 Stated: First time	It is recommended that First Aid and Medication training is provided and that mandatory staff training records are reviewed to ensure staff training is in keeping with RQIA Guidelines.	Met
	Action taken as confirmed during the inspection: The inspector noted a number of training events that have taken place for staff. The records in place were satisfactory.	
Recommendation 3 Ref: Standard 9.5 Stated: First time	It is recommended hard copies of policies/procedures retained should be cross referenced with those held electronically to ensure only current publications are available to staff.	Met
	Action taken as confirmed during the inspection: The inspector was satisfied with the records available during the inspection.	
Recommendation 4 Ref: Standard 15.10 Stated: First time	It is recommended that a central register of complaints is established to record all complaints received, as referenced within the agency's Complaints Policy, dated 28 January 2016.	Met
	Action taken as confirmed during the inspection: The inspector examined the complaints register in place during the inspection and was satisfied with the records in place.	

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. A competency assessment had 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;

- Home safety
- Personal safety
- Financial security
- Staffing
- Named workers
- RQIA.

Staff comments:

"The tenants are well care for and needs are met according to their plan of care and support."

"The personal safety of tenants is discussed during tenants meetings."

Six returned questionnaire from staff indicated:

- Staff receive appropriate training for their role.
- Staff receive supervision and appraisal.

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 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 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 has 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?

Staff comments:

"Training and induction prepares all staff for the job. Ongoing training is good and helps promote quality care and support."

"Supervision is regular and we have time to discuss areas of concern if required."

Six 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.

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. One staff member stated; *"Tenants are very individual and needs differ."*

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. Staff interviewed were aware of the agency's policy and procedure on confidentiality/privacy and could demonstrate how this is implemented.

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:

"I'm happy here."

"I'm settled well."

"Staff are very good to me."

HSC Trust comments:

"Staff are very approachable, I have no concerns."

"I'm very happy with the care and support provided."

"I'm happy with the care my tenant receives."

Relatives' comments:

"***** is very happy getting out and about regularly."

"I have no concerns with ***** care."

"This is the right accommodation for my *****."

"I'm so happy the way ***** has settled."

Staff comments:

"Good care is provided to tenants."

"I'm happy with the standard of care."

"I'm happy being here."

"I enjoy supported living."

Staff comments to the inspector:

"The care needs are all met with dignity and effective support."

"We have an effective team of staff who communicate well with each other."

Six 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.

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 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 and senior staff.

Staff members interviewed stated. *"The manager is very approachable."*

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:

- Shifts
- Support plans
- Assessed needs of tenants
- NISCC
- Support plans
- Safeguarding
- Quality assessment framework
- Supervision.

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 01 January 2015 and 31 March 2016. The agency has 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.

Staff Comments:

“The manager’s support is welcomed and is effective.”

“The staff team are all well trained and equipped for the roles.”

“The support of seniors is welcomed.”

Six returned questionnaires from staff indicated:

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

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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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