

**Unannounced Care Inspection
of
Inch Facility**

28 January 2016

1. Summary of Inspection

An unannounced care inspection took place on 28 January 2016 from 10.00 to 16.30. 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
Total number of requirements and recommendations made at this inspection	0	4

The details of the QIP within this report were discussed with the Pauline Rush, senior care worker as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Southern Health and Social Trust/Mrs Paula Mary Clarke	Registered Manager: Teresa O'Neill, Registered Manager (Acting)
Person in charge of the agency at the time of Inspection: Pauline Rush, Senior Support Worker	Date Manager Registered: Registered manager (acting) from 01 February 2016
Number of service users in receipt of a service on the day of Inspection: 5	

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 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:

- Previous inspection report/QIP dated 19 December 2014.

During the inspection the inspector met with two service users and three care staff.

- Discussion with the senior support worker in charge
- Examination of records
- Consultation with staff/service users
- File audit
- Evaluation and feedback.

The following records were viewed during the inspection:

- Agency registration certificate.
- Three care and support plans
- Care records
- Monthly quality monitoring reports
- Minutes of service users' meetings
- Staff training records
- Records relating to staff supervision and appraisal
- Recruitment policy
- Pre- employment checklist
- Induction policy/procedure
- Induction records
- Staff Handbook
- Supervision policy
- Staff register/information
- Disciplinary policy
- Agency's staff rota information.

The Inspection

4.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the Inch Facility was an unannounced care inspection was undertaken 19 December 2014. The completed QIP was returned and approved by the care inspector.

4.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (2)	<p>(2) The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;.</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This requirement refers to:</p> <ul style="list-style-type: none"> the service users' individual agreements which must set out the allocation of care hours. assessments and care plans must be consistent with the HSC Trust needs assessment and care plan. <p>Action taken as confirmed during the inspection: Service user agreements examined contained a record of the allocated care hours.</p> <p>Cross referencing of three support plans with the commissioning HSC Trust needs assessment/care plan showed consistency in the planned care.</p>	<p>Met</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 policy (July 2013) contained information to ensure that appropriate employment checks are completed: the senior support worker in charge of the agency stated that staff employment records are retained in the HSC Trust Human Resource Department. The agency maintains an alphabetical index of all domiciliary care staff employed by the agency. Prior to employment all staff is required to have an occupational health medical check.

All new agency staff is required to undertake a period of induction in keeping with the agency's induction policy/procedure dated July 2015. This policy outlines the agency's induction programme. Staff confirmed that the programme lasts up to at least one month but is generally longer to ensure that all areas are covered and objectives met. The agency's induction programme includes mandatory training courses, reading/reflecting on policies/procedures, communication systems understanding their role and function within the care/support environment, multi-professional collaboration and various emergency procedures. Staff also confirmed they were provided with a handbook and have access to all policies and procedures and receive regular supervision during their induction period with an evaluation record maintained.

Two of the three staff records viewed did not contain evidence of their induction programme. The senior care worker stated she was unable to locate these. One recommendation was made in regard to the retention of staff induction records.

The agency's Disciplinary Policy/Procedure, dated 2015, outline the process for addressing unsatisfactory performance of staff.

Four of the five service user satisfaction questionnaires returned to RQIA following the inspection showed that respondents were satisfied with staffing levels. One respondent indicated dissatisfaction with staffing levels. All respondents indicated satisfaction that staff help them to feel safe and secure.

Five of the ten staff satisfaction questionnaires issued on the day of inspection were completed and returned to RQIA. Respondents indicated:

- they were satisfied that there is at all times an appropriate number of suitably skilled and experienced persons to meet service user needs
- they were satisfied that they and the agency operates in a person centred manner
- they were satisfied that they would be taken seriously if they were to raise a concern.

Is Care Effective?

Discussions with staff and the senior care worker confirmed that an appropriate number of skilled and experienced persons are available to meet the assessed needs of service users at all times. Examination of staff duty rosters reflected staffing levels as described by the senior care worker and staff. Appropriately trained staff was included on each shift, with waking staff provided at night as commissioned by the HSC Trust.

Staff who met with the inspector were clear about their roles and responsibilities and described having knowledge of the service users care and support. It was noted that staff receive a verbal handover at the commencement of shift and can access written records to update their knowledge of the service user and receive notification of duties to be completed.

Staff described receiving formal one to one supervision six-eight weekly and sometimes group supervision at team meetings. Records of supervision were retained within individual staff files.

The provision of mandatory staff training was discussed with the senior care worker who stated that certificates of attendance were held within individual staff files. It was noted that training in First Aid and Medication was not contained within three files. Recommendation was made that staff mandatory training is reviewed to ensure training was in keeping with RQIA Guidelines.

Staff could describe the process for highlighting concerns and were aware of the agency's whistleblowing policy. It was identified that the copy of the agency's whistleblowing policy had a review date of 2010. A recommendation was made in regard to review of this policy.

Discussion was held with the senior support worker regarding the agency's policies and procedures which were retained in hard copy format and electronically. It was recommended that if hard copies of policies/procedures are to be retained these should be cross referenced with those held electronically to ensure only current publications are retained.

Five service users' questionnaires were completed and returned to RQIA following the inspection. All respondents indicated that they felt staff knew how to care for them and that staff responds to meeting their needs.

Is Care Compassionate?

The senior support worker stated that staffing arrangements and any associated issues or concerns raised by service users or their representatives are discussed at the monthly service users meetings. The manager described the difficulties encountered in relation to obtaining the views of those service users who have complex communication difficulties.

The senior support worker confirmed that the agency endeavours to provide continuity of staff to service users and that they are provided with details of new staff being provided to support them; service users who spoke to the inspector stated that they are always introduced to new staff. Agency staff could describe the impact of staff changes on service users and the benefits in providing continuity of care.

Staff described the process for meeting service users and becoming familiar with their needs; they described the importance of respecting the privacy, dignity and choices of service users. Service users stated that staff respects their privacy, wishes and dignity.

Induction and training records viewed indicated that staff receive training specific to the needs of individual service users. Staff stated that they had the appropriate knowledge and skills to fulfil the requirements of their role. Service users indicated that they felt staff supplied had the knowledge and skills to provide the required care and support to meet their needs.

The agency's disciplinary policy and procedures outlines the process for addressing unsatisfactory performance of staff.

Five service users' questionnaires returned to RQIA following the inspection indicated that service users were satisfied with the care and support provided by staff and that their views and opinions are sought about the quality of the service.

Six of the 10 staff satisfaction questionnaires returned to RQIA following the inspection indicated satisfaction that the provision of care was compassionate; staff were satisfied that service users receive care and support from staff who are familiar with their care needs;

service users have their views and experiences taken into account in the way service is provided and delivered and that service users views are listened to.

Staff comments recorded within questionnaires included:

- “staff always endeavour to maximise tenants strengths, respect their differences, needs and abilities”.
- “we treat our tenants with respect and dignity at all times and do our best to support them in any way we can”.
- “our tenants are independent individuals and we respect this and provide a care support service to cater for their needs”.

Areas identified for Improvement:

- Recommendation was made in regard to the retention of staff induction records
- Recommendation was made that staff mandatory training is reviewed to ensure training was in keeping with RQIA Guidelines and that First Aid training includes choking
- Recommendation that if hard copies of policies and procedures are to be retained these should be cross referenced with those held electronically to ensure only current publications is retained in hard copy.

Number of Requirements:	0	Number of Recommendations:	3
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

The senior support worker stated that prior to providing care to individual service users the agency receives a range of multi-disciplinary assessments from the referring HSC Trust. Assessments of need and risk assessments viewed reflected the views and choices of service users and where appropriate their representatives. The senior support worker and care staff described the difficulties in obtaining the views of service users who were unable to communicate their wishes and preferences; and the methods used to ensure best interest decisions are taken in relation to the care provided.

Two service users who spoke with the inspector stated that they are involved in developing their care and support plans; they stated that they are encouraged to express their views and that they can choose the care they receive.

Staff could describe the benefits of positive risk taking and their role in supporting service users to live as full a life as possible; they could describe a range of positive risks that service users are supported to take. Risk assessments are completed in conjunction with service users and their representatives.

Is Care Effective?

The senior support worker confirmed that service users and where appropriate their relatives are encouraged to participate in an annual review of their care and support involving representatives for the HSC Trust.

Staff records the care and support provided and care plans are reviewed following the annual review or as required; staff also completes a monthly report for each individual service user. Service users stated that they meet with their keyworker regularly to discuss their care needs. Care and support plans viewed detail the wishes and routines of service users and contain information specific to individual service users.

The agency facilitates monthly service user meetings; records of meetings viewed indicate that service users are encouraged to express their views and opinions and that their wishes and choices are respected. Staff described instances where it is necessary to liaise with service users' relatives when service users are unable to contribute their views and opinions. Service users and their relatives are informed of the agency's complaints procedure. Monthly quality monitoring visits were undertaken; documentation viewed indicates engagement with service users and staff.

The agency provides service users with human rights information in a suitable format. Information was also displayed on notice board.

Is Care Compassionate?

Discussions with staff and service users indicated that care was provided in an individualised manner. Care plans viewed were written in a person centred manner and service users confirmed that they are consulted about the care they receive; they stated that they can refuse any aspect of their care and support. Service users could describe the agreed care and support that they receive from the agency's staff.

Staff described the agency's process for engaging with service users and their representatives where appropriate. Staff described examples of responding to service users' wishes; records of service user monthly meetings indicated the involvement of service users and where appropriate their representatives.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. It was noted that the agency provides service users with information on human rights in an appropriate format.

The senior support worker and staff could describe the process of liaising with the HSCT and relatives regarding best interest practices for service users who are identified as having capacity issues.

The agency's response to complaints and comments made by service users and/or their representatives indicated that their views are taken into account.

Areas for Improvement

No areas for quality improvement were identified from this Theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Monthly Quality Monitoring

The inspector viewed the agency's quality monthly monitoring reports. From records viewed it was noted that visits were unannounced and at varying times of the day; the views of service users, their relatives and where appropriate relevant professionals were recorded. The reports detail any accidents or safeguarding concerns with action plans where necessary.

5.5.2 Complaints

The senior support worker confirmed that one complaint was received between 01 January 2014 and 31 March 2015. A record of this was retained within the service user's care record. Examination of this record showed that the complaint was investigated and resolved satisfactorily. One recommendation made related to establishing a central register of complaints to record all complaints received in keeping within the agency's Complaints Policy.

5.5.3 Areas for Improvement

There was one area identified for improvement. This related to establishing a complaint register in keeping with the HSC Trust complaints policy (2016).

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Pauline Rush, senior support worker, 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 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 home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 12.7 Stated: First time To be Completed by: 31 May 2016	It is recommended that staff induction records are retained.		
	Response by Registered Person(s) Detailing the Actions Taken: Induction reports are retained and maintained by the agency		
Recommendation 2 Ref: Standard 12.3 Stated: First time To be Completed by: 31 May 2016.	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.		
	Response by Registered Person(s) Detailing the Actions Taken: Further training dates have been agreed on medication and first Aid training will made availabale to all staff. Agency maintians a copy of all madatory training and medication will be added to the current matrix		
Recommendation 3 Ref: Standard 9.5 Stated: First time To be Completed by: 31 May 2016	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.		
	It is recommended that the agency's Whistleblowing Policy, dated 2010, is reviewed. Response by Registered Person(s) Detailing the Actions Taken: all will be reveiwed and up dated and held eletronic record to be accessable to all staff.		
Recommendation 4 Ref: Standard 15.10 Stated: First time To be Completed by: 31 May2016	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.		
	Response by Registered Person(s) Detailing the Actions Taken: A central register of complaints is maintained by the Goverance Department of the Agency		
Registered Manager Completing QIP		Teresa O'Neill	Date Completed 02.03.2016
Registered Person Approving QIP		Bryce McMurray	Date Approved 10.03.2016
RQIA Inspector Assessing Response		Priscilla Clayton	Date Approved 22.03.16

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