

Announced Care Inspection Report 13 March 2017



Loughgall DCA

Type of service: Domiciliary Care Agency
Address: 67 Loughgall Road, Armagh, BT61 7PH
Tel no: 02837412231
Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Loughgall DCA took place on 13 March 2017 from 09.30 to 12.30. 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 supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (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 rehabilitation and support plans. The agency's systems of quality monitoring have been implemented consistently in line with regulations and standards, 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's daily operation includes communicating with, listening to and valuing the views and wishes of 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. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. 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 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 the senior care worker on duty, 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 the 03 February 2016.

2.0 Service details

Registered organisation/registered person: Mr Francis Rice/Southern HSC Trust	Registered Manager: Ms Louise Mary Dalrymple
Person in charge of the service at the time of inspection: Senior care worker.	Date staff registered: 06 October 2016

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- 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 the senior care worker was asked to distribute ten questionnaires to staff for return to RQIA; it was disappointing to note that no questionnaires were returned. The senior care worker was also asked to distribute seven questionnaires to service users for return to RQIA; five 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, human rights, support planning, supported living model of support, medication, recording, risk assessment, risk management, staff duty rotas.

4.0 The inspection

Loughgall Road is a supported living type domiciliary care agency which provides care and housing support to up 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. Service users live in shared accommodation which they rent from a private landlord and agency staff provide a 24 hour service including waking night cover. Staffing is comprised of the registered manager, senior support workers and support workers. The inspector examined a range of documentation maintained by the agency and spoke with two staff and one service user. The inspector would like to thank the agency staff and service user for their warm welcome and full cooperation throughout the inspection process.

4.1 Review of requirements and recommendations from the most recent inspection Dated 03 February 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 03 February 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.7 Stated: First time	A record is kept in the agency, for each member of staff, of all training including induction, and professional development activities undertaken by staff.	Met
	This recommendation relates to review of mandatory training records to ensure an accurate record is retained.	
	Action taken as confirmed during the inspection: The inspector reviewed training records in place since the previous inspection, records in place were satisfactory.	

<p>Recommendation 2</p> <p>Ref: Standard 9.5</p> <p>Stated: First time</p>	<p>Policies and procedures are subject to systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures</p> <p>This recommendation relates to:</p> <ul style="list-style-type: none"> • Hard copies of policies/procedures retained should be cross referenced with those held electronically to ensure only current publications are retained and available to staff • Review of the supervision policy dated 2011. <p>Action taken as confirmed during the inspection: Policies and procedures examined by the inspector were satisfactory.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p>	<p>It is recommended that the agency maintains records as specified in Minimum Standard 5.2.</p> <ul style="list-style-type: none"> • The departure times of every visit made by agency staff should be recorded within care record intervention notes. <p>Action taken as confirmed during the inspection: The agency has updated their record keeping in relation to the recommendation. The records in place were satisfactory.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 3.3</p> <p>Stated: First time</p>	<p>The registered manager ensures that the care plan includes information on:</p> <ul style="list-style-type: none"> • the care and services to be provided to the service user; • directions for the use of any equipment; • the administration or assistance with medications • how specific needs and preferences are to be met; and • the management of identified risks. • <p>This recommendation relates to ensuring the agreed intervention to meet each specific identified need is recorded within care support plans.</p> <p>Action taken as confirmed during the inspection: The inspector examined three care and support plans in place. These were in line with the recommendation and were satisfactory.</p>	<p>Met</p>

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 procedures were discussed relating to staff recruitment and induction training. One staff member stated: "Induction and training is excellent. More and more topics are being added each year." The inspector found these procedures to be in compliance with related regulations and standards. Staff 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 range of competency assessment had been carried out for each care worker and supervision records maintained. The staff demonstrated an awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. Staff stated that they were aware of their obligations in relation to raising concerns about poor practice. 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'.

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.

Three service user files reviewed 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;

- New staff
- Budgeting
- Reviews
- Advocates.

Five 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.

Areas for improvement

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. One service user stated: "The staff are all approachable and you can talk to them at any time if you have any worries or concerns." Records reviewed 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 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 make appropriate references to the nature and range of service provision and if appropriate, include restrictive interventions. Service users are advised of independent advocacy services within the service User Guide.

Staff provided examples to demonstrate how staff 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. The inspector noted some of the topics discussed during recent staff meetings:

- Duty rotas
- Staffing
- NISCC
- RQIA
- Lone working
- Supervision
- Support plans.

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. One staff member interviewed stated: "Person centred care and support plans help with individual care focus."

Service users are also given the opportunity to comment on the quality of service. The agency completed their Service improvement survey in April 2016 this was reviewed and was compliant with the regulations and included positive feedback. The inspector noted some of the areas service users were asked to comment/feedback on:

- Do you know how to make a complaint?
- Are you involved in your care plan process?
- Are you involved in your review?
- Do staff gain your consent before offering service?
- Have you choice over what happens in your home?
- Do you feel your needs are met with the current level of support?
- Do staff promote independent living?
- Do you know how to report any areas of abuse?
- Do you know your keyworker?

Five 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.

Areas for improvement

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. 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:

- “Supported living has been very helpful and beneficial.”
- “I love supported living.”
- “Staff are very helpful.”
- “Staff are very supportive.”

HSC Trust comments:

- “I have no concerns, the staff are very helpful.”
- “Staff are approachable.”
- “Staff are very helpful and give good support to tenants.”

Relative's comments:

- “Supported living is the best thing that's happened to ***** it has offered independence in the community, but still with support and help.”
- “My ***** is safe here and gets regular medication and support with other tasks.”
- “***** is very well supported.”
- “Staff are excellent.”

Staff comments:

- “Every learning opportunity if offered to staff.”
- “Service users live independently with help and support.”

“Excellent care is provided to tenants.”
 “I enjoy working in supported living.”

Five 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.

Areas for improvement

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. Both staff and service users spoken to were aware of the complaints procedure. One service user stated “I know how to make a complaint but have never had to.” 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. Staff interviewed stated: “Supervision is one to one and is regular.”

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 staff.

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 the staff on duty. Staff interviewed stated: “The manager is very supportive to all staff.”

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.

Five returned questionnaires from service users indicated that:

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

Areas for improvement

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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