



The Regulation and
Quality Improvement
Authority

Hawthorn Drive
RQIA ID: 11139
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Armagh
BT60 1HA

Inspector: Audrey Murphy
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**Unannounced Inspection
of
Hawthorn Drive**

06 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 06 October 2015 from 10.00 to 16.00. 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

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	2	2

The details of the QIP within this report were discussed with the Mrs Kathleen Brigid Ryan, registered manager 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 Care Trust/Mrs Paula Mary Clarke	Registered Manager: Mrs Kathleen Brigid Ryan
Person in charge of the agency at the time of Inspection: Mrs Kathleen Brigid Ryan	Date Manager Registered: 19 May 2010
Number of service users in receipt of a service on the day of Inspection: 13	

Hawthorn Drive is a supported living type domiciliary care agency which provides care and housing support to up to fourteen 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.

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 standards and 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:

- The inspection report from the previous inspection of 2 March 2015
- RQIA's records of complaints received by the agency (none)

During the inspection the inspector met with three service users and with six agency staff. At the request of the inspector, the manager was asked to distribute RQIA questionnaires to agency staff and service users. Six of these were returned by service users and seven staff returned a questionnaire to RQIA.

The manager provided the inspector with the contact details of a number of professionals and relatives of service users who had agreed to provide feedback to RQIA on the quality of the service provided by the agency. The inspector spoke with a HSC Trust professional and with the relative of a service user after the inspection.

The feedback from service users, agency staff, service users' representatives and HSC Trust professionals was very positive and has been incorporated into the body of this report.

The following records were examined during the inspection:

- The alphabetical index of staff
- The staff duty rota (current and archives)
- Service user meeting records
- Monthly quality monitoring reports
- Staff induction information
- Staff handbook
- Staff training records
- Agency policies on recruitment, induction, supervision, whistleblowing
- A service user's care records.

The inspector would like to thank the service users, their relatives, agency staff and the HSC Trust professional for their participation in the inspection.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 2 March 2015. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last care inspection

No requirements or recommendations from last inspection.

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 and Selection Procedures' were examined and were in accordance with the regulations and specify the pre-employment checks to be carried out. Discussion with the registered manager and examination of the records provided evidence of the implementation of the agency's recruitment and selection procedures.

The agency maintains an alphabetical index of staff which was updated during the inspection to reflect the input of Trust bank staff who are supplied to work in the homes of service users. The inspector was advised that staffing is provided only by Trust staff and that other domiciliary care agencies are not supplied to work with service users.

The agency's arrangements for the induction of new staff were examined and discussed with the registered manager and with a new member of staff during the inspection. The agency's induction programme did not evidence the provision of a three day structured induction and the agency had not maintained induction records for staff recently recruited who had completed their induction.

The agency has a 'Staff Information Booklet for Supported Living' which was reissued to staff in June 2015 and outlines the role of the worker, values and behaviours expected.

The agency's supervision policy was examined and outlined the frequency of supervision and the arrangements for recording the supervision meeting. Staff who participated in the inspection confirmed that a record of their supervision meeting is maintained and that they receive a copy.

The agency's appraisal policy outlined the frequency of appraisal which is annual. The inspector was advised that all staff have KSF performance appraisal meetings and that these are reviewed during planned supervision. Staff who met with the inspector confirmed that they had received an annual appraisal.

Is Care Effective?

There were 13 service users in receipt of a service at the time of the inspection and day time staffing levels are provided by two members of staff, at least one of whom is a senior support worker or a member of the management team. Service users can also access staff at night and a senior member of staff provides night time cover. A sample of the agency's duty rotas was examined and reflected the supply of staff described by staff and the registered manager. A member of staff who met with the inspector indicated that additional staffing would be arranged in the event of a change in the needs or service users.

A new member of staff confirmed that they had received an induction which consisted of introductions to service users, e-learning and guidance on key policies. All of the staff who spoke with the inspector confirmed that they can identify training needs and request additional training if necessary. The agency maintains training records for all staff and there is a system in place to ensure that all staff receive training in the mandatory areas in accordance with RQIA guidance. Agency staff advised the inspector that their training needs are discussed during supervision and during team meetings.

The inspector was advised that all supervisory staff who provide supervision have attended training in this. The staff who met with the inspector confirmed that they receive supervision in accordance with the agency's policy. The manager advised that in addition to planned supervision sessions, additional ad hoc group supervision sessions are held to discuss current policies and service users' changing needs.

Agency staff who met with the inspector confirmed that they were aware of the agency's whistleblowing policy and staff who returned a questionnaire also indicated that the policy is accessible to staff.

Service users who met with the inspector advised that the quality of their support had increased since several new members of staff started. Service users confirmed that they felt there were at all times enough staff available to meet the needs of service users and that the staff are adequately trained and skilled. Service users spoke positively of their relationships with particular staff members and highlighted the role of staff in promoting their independence and providing them with opportunities to access the community and activities of their choice.

Is Care Compassionate?

Comments made by staff and service users in relation to staffing is included within the agency's monthly quality monitoring reports. Tenants' meeting records also outlined comments made by service users in relation to staffing.

All of the service users who returned a questionnaire indicated that they were satisfied or very satisfied that staff know how to care for them and how to respond to their needs. The relative of a service user advised the inspector that their relative receives a very good service and that their relative is happy and well supported.

Staff who contributed to the inspection spoke positively about their role and highlighted the importance of a static and consistent staff team and management. It was noted that several staff had been in their positions for several years and many had worked with service users in previous care settings. Service users who met with the inspector highlighted the good working

relationships they had developed with agency staff. Service users were particularly positive about the new members of staff who had been appointed.

A new member of staff advised the inspector that during their induction period they had been introduced to service users and advised of their needs in relation to privacy, consent and dignity. Service users who participated in the inspection confirmed that they had been introduced to new members of staff and that there are at all times enough experienced members of staff available to meet their needs. A service user advised the inspector that agency staff provide an “excellent service” and that staff are always available to meet their needs.

Areas for Improvement

The areas for quality improvement identified during the inspection were in relation to:

- The agency’s staff induction programme
- The maintenance of staff induction records.

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

Is Care Safe?

The inspector examined the care records of one service user and these contained assessments of needs risks and references to the service user’s human rights. From discussions with service users and agency staff it was evident that service users were engaging in positive risk taking and were experiencing increased community access and independence. Agency staff advised the inspector that the service users are reviewed regularly by the HSC Trust and that changes in their circumstances are reported to the relevant community professional.

A HSC Trust professional who contributed to the inspection advised that agency staff communicate effectively with the Trust and that agency staff are experienced and skilled.

Is Care Effective?

The records of tenants meetings were examined and included the views and preferences of the service users with regard to activities, complaints procedures, new members of staff and information about members of staff leaving. Tenants were also advised in tenants’ meetings of RQIA’s inspection methodology and given information about adult safeguarding. Service users had also been advised of an independent advocacy service. The views of service users about the quality of service provision were evident in the reports of monthly quality monitoring undertaken on behalf of the registered person.

Is Care Compassionate?

All of the service users who returned a questionnaire indicated that they were satisfied or very satisfied with the care and support they received and that their views and opinions are sought about the quality of the services provided.

Service users and agency staff described the arrangements in place to ensure that service users can make choices regarding their routines and activities. Service users were noted to be receiving support in accordance with their expressed wishes and staff demonstrated their awareness of the service users' rights to decline support.

Agency staff who met with the inspector demonstrated detailed and comprehensive knowledge of the individual service users. Staff also described how they provide individualised care and support to the service users.

Areas for Improvement

There were no areas for improvement in relation to this theme.

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

The reports of the monthly quality monitoring visits undertaken on behalf of the registered person were examined. These had been completed monthly by the manager of another supported living service. The reports included the outcomes of consultations with service users and their representatives, staffing arrangements, staff training and finance agreements were also included.

Prior to the inspection RQIA received information from an anonymous source in relation to a specific aspect of the quality of the agency's staffing. This information was discussed with the registered manager who confirmed that they were already aware of the concerns raised and that a HSC Trust senior manager had been consulted by the manager in relation to these matters and that a plan had been implemented to keep the matters under review.

The agency's complaints records were examined and the agency had not received any complaints since the previous inspection.

6. Quality Improvement Plan

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

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 16 (5) (a) Stated: First time To be Completed by: Immediate and on-going	(5) Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that— (a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days; Response by Registered Person(s) Detailing the Actions Taken: The Agency has implemented a new induction programme and documentation to ensure that induction carried out lasts at least 3 days		
Requirement 2 Ref: Regulation 21 (1) Stated: First time To be Completed by: Immediate and on-going	21.—(1) The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are— (a) kept up to date, in good order and in a secure manner; (b) retained for a period of not less than eight years beginning on the date of the last entry; and (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority. Response by Registered Person(s) Detailing the Actions Taken: The manager has added the names of staff who bank for the agency onto the existing alphabetical list of staff employed		
Registered Manager Completing QIP	Kathleen Ryan	Date Completed	11/11/2015
Registered Person Approving QIP	Francis Rice	Date Approved	12/11/2015
RQIA Inspector Assessing Response	Audrey Murphy	Date Approved	13/11/2015

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address