

Unannounced Care Inspection Report 21 June 2017



Hawthorn Drive

Type of Service: Domiciliary Care Agency
Address: 5 - 9 Hawthorn Drive, Armagh, BT60 1HA
Tel No: 02837511848
Inspector: Kieran Murray

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a domiciliary care agency supported living type which provides personal care and housing support to up to 14 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. The service users are consulted and involved in all decisions associated with their support. They are supported by 23 staff to develop independent living skills and to be involved in the local community.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust/Mr Francis Rice	Registered Manager: Ms Louise Mary Dalrymple
Person in charge at the time of inspection: Ms Louise Mary Dalrymple	Date manager registered: 06 October 2016

4.0 Inspection summary

An unannounced inspection took place on 21 June 2017 from 09.25 to 16.30.

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

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to:

- Staff recruitment
- Care reviews
- Training and development
- Supervision and Knowledge, Skills Framework (KSF)
- Professional body registrations.

Areas requiring improvement were identified:

- Availability of induction records.

Service users said:

- 'Staff are first class'.
- 'I can ring and speak to managers when I need to'.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms Louise Dalrymple, Registered Manager and Mr Adrian Cluett, Mental Health Support Services Co-ordinator as part of the inspection process. The timescales for completion commence from the date of inspection.

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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 June 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report
- Record of notifiable incidents
- Record of complaints
- Correspondence with RQIA.

During the inspection the inspector met with three service users, the registered manager, the mental health support services co-ordinator, two senior support workers, two support workers, one visiting professionals and one service users' representative.

The following records were examined during the inspection:

- Three service users' care and support plans
- Care review records
- Recording/evaluation of care records
- Monthly monitoring reports
- Staff meeting minutes
- Tenant meeting minutes
- Records relating to staff training, including induction training
- Records relating to staff supervision/appraisal
- Complaints records
- Incident records
- Records relating to safeguarding of adults
- Staff rota information
- Staff communication records
- Recruitment Policy
- A range of policies relating to the management of staff
- Supervision Policy
- Induction Policy
- Safeguarding Adults in Need of Protection Policy, 2016
- Whistleblowing Policy
- Data Protection Policy
- Statement of Purpose
- Service User Guide.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 December 2016

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 14 December 2016

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed staffing arrangements during the inspection. The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and that these are satisfactory.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations; it was noted that staff should attend the Trusts Corporate Induction programme ideally within three months of commencement of employment. Staff stated that they are required to shadow other staff members during their induction and probation period. The induction procedures were reviewed by the agency in November 2015 and the updated versions are now in use for all staff. On the day of the inspection the inspector reviewed staff induction records and found some records to be unavailable. An area for improvement has been noted. The inspector spoke to four staff that provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by other staff members and the registered manager.

On the day of the inspection the inspector could not evidence that three new staff's valid driving licences and insurance cover for business use were confirmed by the registered manager. An area for improvement has been noted.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

The registered manager advised the inspector that the agency uses a small number of bank staff who currently work for the agency. These staff had an induction programme by the agency provided to them as evidenced by the inspector.

Staff comments:

- 'The rota is fair and flexible'.
- (Agency) 'Well staffed'.

Examination of records indicated that a system to ensure that staff supervision and Knowledge Skills Framework (KSF) are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and a Knowledge Skills Framework (KSF) assessment/review in line with policy and procedure; records provided to the inspector confirmed this. A detailed matrix of completed supervision and Knowledge Skills Framework (KSF) was available in the office.

The inspector observed evidence of staff's registration with both the Northern Ireland Social Care Council (NISCC) and Nursing Midwifery Council (NMC) in their personal files. The registered manager also advised the inspector that as a verifier for the Northern Ireland Social Care Council this allows access to their online information. The registered manager advised that in relation to Nursing Midwifery Council (NMC) registrations there is a traffic light system within the Trust which alerts registered managers when registrations are due for renewal.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training matrix which indicated compliance with regulation and standards and the Trusts mandatory training.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the registered manager and staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that there had been no safeguarding referrals made since the previous inspection 14 December 2016.

The inspector received feedback from staff which indicated that they are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

On the day of the inspection there were no restrictive practices in place.

The inspector noted that evidence of review of service users’ needs took place annually or as required. On the day of the inspection a ‘Person Centred Review’ was taking place with the service user, agency staff, service user representatives and their community keyworker. Agency care plans examined by the inspector had been updated to reflect changes agreed through ‘Person Centred Reviews’.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been no notifiable events to RQIA since the previous inspection 14 December 2016.

The inspector noted that the agency had received no complaints since the last inspection 14 December 2016.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

It was disappointing to note that the agency has not sustained compliance with the regulations in respect of staff induction records which are required to be retained and available for inspection at all times.

A valid driving licence and insurance cover for business use were not confirmed for new staff by the registered manager.

Of seven questionnaires returned by staff, four indicated they were ‘very satisfied’ that care was safe and two indicated that they were ‘satisfied’ care was safe. Of nine questionnaires returned by service users, four indicated that they were ‘very satisfied’ care was safe and five indicated they were ‘satisfied’ care was safe.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose and Service User Guide.

The inspector reviewed three service users’ care and support plans. The inspector was informed that care and support plans are reviewed on an annual basis or sooner if required. These records evidenced that the agency carries out reviews with service users if changes to their needs are identified. The inspector examined annual reviews in place and the records were satisfactory. The agency maintains daily contact records for each service user.

Staff interviewed on the day of the inspection confirmed they were provided with details of care planned for each service user.

Feedback received by the inspector from staff and service users' indicated that service users: have a genuine influence on the content of their care plans. The inspector had an opportunity to speak to one family member who also confirmed their involvement in care and support plans along with attending reviews.

The agency completed their Service Improvement Survey in April 2016. Following the outcome of the Service Improvement Survey the agency has placed service users' care and support plans in their own home.

Service user' comments:

- 'I can come and go as I like'.
- 'Staff are first class'.

Relative's comments:

- 'I participate in reviews'.
- 'my voice is listened to and questions answered in a generous manner'.

Community keyworker's comments:

- 'good communication network'.
- 'a lot of experienced mental health staff which leads to stability'.

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service.

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users', staff, relatives as appropriate and community keyworkers, and progress on improvement matters.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The registered manager and staff described effective verbal and written communication systems with the staff team, including the use of a diary, communications book and daily written and verbal handovers.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff as they wished and appeared to enjoy good relationships with staff.

Review of team meeting records indicated that team meetings took place on a regular basis; the registered manager and staff who spoke to the inspector verified this and staff also informed the inspector that they could contribute items to the agenda for these meetings. The inspector noted that staff were promoted to read the previous RQIA report 14 December 2016. The inspector evidenced documentation in relation to changing night duty patterns of work recorded in team meeting minutes. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that staff communication is good.

Review of tenant meeting minutes by the inspector showed the views of service users are taken into account in planning and making decisions. The inspector was informed by the registered manager that service users are also invited to attend the Mental Health Forum facilitated by the Service User Co-ordinator employed within the Trust.

Advocacy services were recorded in the Statement of Purpose for service users to contact if necessary.

The registered manager informed the inspector that desktop computers are available in the agency office for staff to use to access policies on the L drive and on-line training.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

Of seven questionnaires returned by staff, five indicated that they were 'very satisfied' care was effective and one indicated that they were 'satisfied' care was effective. Of nine questionnaires returned by service users, four indicated that they were 'very satisfied' care was effective and five indicated that they were 'satisfied' care was effective.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff. Service users who wished to speak to the inspector were provided with privacy as appropriate.

The inspector was invited to visit service users in the communal areas of their homes. The inspector particularly noted displays of photographs which reflected service users enjoying social activities. Service users informed the inspector that household fittings were chosen by themselves.

A service user described to the inspector how they had used various forms of public transport to go on a day trip of their choice.

It was evident that the agency staff and community keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

Feedback/observation from the service users indicated that staff have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that the agency had made particular efforts to facilitate service users to achieve goals and participate in activities of their choice.

The views of service users are recorded through the minutes of tenants' meeting. Tenant meeting minutes recorded discussions on a range of matters, including decisions made by service users regarding future activities and day trips. The inspector also noted that tenant meeting minutes recorded discussions on how to make a safeguarding referral and how to make a complaint.

The agency maintains a range of quality monitoring systems to evaluate the quality of services provided, including monthly monitoring reports which specifically ascertain and include the views of service users' and their representatives.

Service users' comments:

- 'The nursing staff are very pleasant'.
- 'Staff have a very compassionate relationship with our tenants and care greatly about them and their welfare'.

Relative comments:

- 'Staff welcoming and encourage visits'.

Community key workers comments:

- 'Staff promote community inclusion'.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

Of seven questionnaires returned by staff, six indicated that they were 'very satisfied' care was compassionate and one indicated that they were 'satisfied' care was compassionate. Of nine questionnaires returned by service users, four indicated that they were 'very satisfied' care was compassionate and five indicated that they were 'satisfied' care was compassionate.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team. On the day of the inspection it was noted that no incidents had taken place since the last inspection, 14 December 2016.

The agency operates a robust training system and has an appointed safeguarding champion who is available for consultation with staff on training and safeguarding issues.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure.

There are effective systems of formal supervision within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

Service users' comments:

- 'I can ring and speak to managers when I need to'.

Staff comments:

- 'The service is well managed for both tenants and staff'.
- (Agency) 'Excellent service provided for tenants and staff'.

Relative comments:

- 'Couldn't praise enough'.

Of seven questionnaires returned by staff, six indicated they were 'very satisfied' that the service was well led and one indicated they were 'satisfied' the service was well led. Of nine questionnaires returned by service users, two indicated that they were 'very satisfied' the service was well led and seven indicated that they were 'satisfied' the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with, a Ms Louise Dalrymple, Registered Manager and Mr Adrian Cluett, Mental Health Support Services Co-ordinator s part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Agencies.Team@rqia.org.uk/via Web Portal/to RQIA office for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal.

If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 16 (5) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and on-going</p>	<p>The registered person shall</p> <p>Ref: (5) Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that-</p> <p>(a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days;</p> <p>Records should be retained and available for inspection at all times.</p> <p>Response by registered person detailing the actions taken: Staff have been asked to have available their completion of induction training and any other training courses so these can be presented if asked for. Staff have been encouraged to save their information on to their desk drives so it is stored privately and safely and so they are able to be accessed in any location of Supported Living if required. Manager will keep a completed induction record in new staff members file and forward to HR for filing purposes as per SHSCT policy.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: Immediate and on-going</p>	<p>The registered person shall</p> <p>Ref: 11.2 where appropriate, a valid driving licence and insurance cover for business use of car is confirmed;</p> <p>Response by registered person detailing the actions taken: Staff have then been asked to provide a written statement that states they hold current and appropriate business insurance for their cars to be able to transport tenants if required. Staff members have emailed this response to registered manager. BSO complete checks pre employment for valid driving licences and staff are required to inform management if any changes to this. All staff who claim for mileage are required to sign a statement detailing that they have the relevant documents in place at each claim.</p>

****Please ensure this document is completed in full and returned to Agencies.Team@rqia.org.uk from the authorised email address****



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