

Unannounced Inspection Report 14 December 2016



Hawthorn Drive

Type of service: Domiciliary Care Agency
Address: 5 - 9 Hawthorn Drive, Armagh, BT60 1HA
Tel no: 02837511848
Inspector: Jim McBride

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Hawthorn Drive took place on 14 December 2016 from 09.30 to 13.30.

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 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 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 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 Louise Mary Dalrymple, Registered 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.

2.0 Service details

Registered organisation/registered person: Southern HSC Trust/Mr Francis Rice	Registered manager: Ms Louise Mary Dalrymple
Person in charge of the service at the time of inspection: Ms Louise Mary Dalrymple	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
- Discussion with service users
- 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; two questionnaires were returned. The Staff were also asked to distribute 10 questionnaires to service users for return to RQIA, two 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/safeguarding, human rights, manual handling, supported living model of support, record keeping, medication, MAPA, transcribing
- Staff duty rotas
- The agency’s Statement of Purpose.

4.0 The inspection

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. Following discussion with the staff and service users 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 the registered manager, two members of staff and a student on placement. Four service users also met with the inspector. The inspector would like to thank the agency staff and service users for their warm welcome and full cooperation throughout the inspection process.

4.1 Review of requirements and recommendations from the most recent inspection dated 06 October 2015.

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 06 October 2015

Last care inspection statutory requirements		Validation of compliance
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;	Met
	Action taken as confirmed during the inspection: The inspector noted that the new induction procedures had been introduced in November 2015. The records in place were satisfactory.	

<p>Requirement 2</p> <p>Ref: Regulation 21 (1)</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and on-going</p>	<p>21.—(1) The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>(b) retained for a period of not less than eight years beginning on the date of the last entry; and</p> <p>(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The current alphabetical list was examined by the inspector and included the required information.</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 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. The induction procedures were reviewed by the agency in November 2015 and the updated versions are now in use for all staff. 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. The agency's 'Safeguarding and Protecting Service Users' policy and procedure provided information and guidance as required and made reference to 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
- Safeguarding
- Complaints
- RQIA.

Service user’s comments:

“The staff care for us well.”
 “I feel safe and secure here; my home is well maintained.”
 “Staff are very caring and understanding.”

Staff comments:

“The agency staff are aware of all the care and support needs of tenants.”
 “Tenants safety is always maintained by staff.”
 “My training is important to me.”

Two returned questionnaire from staff indicated:

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

Two 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. These records evidenced that the HSC Trust carries out care reviews with service users if changes to their needs are identified. The inspector examined a number of annual reviews in place and the records were satisfactory. The manager stated that the documentation currently in place is being reviewed by the agency to ensure more service user engagement. 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 make appropriate references to the nature and range of service provision and where appropriate, include details of 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 and/or their representatives are included in decision making regarding their care plan.

Service users are given the opportunity to comment on the quality of service. The agency completed their Service Improvement Survey in April 2016; the inspector noted positive responses. Following the outcome of the improvement survey the agency develops an action plan to assist in improving 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?

Service user's comments:

"The staff know their job and care for me well; I have no concerns."

"The staff are all excellent and have good patience."

"I love my home and the staff make it for me."

Staff comments:

"Training and induction is comprehensive."

"The staff are here to improve independence and choice, and help with daily living."

"The supervision is good and helps you with the role."

Two 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.

Two 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. The staff described to the inspector that values form an important part of care provision including privacy, dignity, independence, choice, rights and fulfilment. Staff interviewed were aware of the agency's policy and procedure relating to confidentiality/privacy and could demonstrate how this is implemented.

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 assurances of effective 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 enjoy living in supported living."
 "I'm happy here."
 "I enjoy the freedom I have in supported living."
 "I have more choice and more independence here."
 "Staff give me time, encouragement and support."

HSC Trust comments:

"Staff always keep in contact."
 "I have no concerns about the care and support."
 "Staff are very approachable."
 "My tenant is very happy."

Relatives' comments:

"No concerns."
 "Staff are very supportive."
 "I'm very happy with Hawthorn."
 "***** is very happy with progress."

Staff comments:

"A good standard of care and support is provided."

“I enjoy working in supported living.”
 “Tenants are able to live independently.”
 “A lot is done to support tenants socially.”
 “My training was helpful to get to know supported living.”

Staff and service users gave the following comments to the inspector during the inspection:

Service user’s comments:

“Staff are very caring and really want you to succeed.”
 “My keyworker is excellent and is always here for me.”
 “It’s a great place to be peaceful and quiet with good workers.”

Staff comments:

“The staff care and support tenants as individuals and treat them as such.”
 “Each person is unique and receives individual care and support.”

Two 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.

Comments:

“Care is compassionate.”
 “Staff prioritise tenants and always think about their best interests.”
 “Supported living is about promoting a homely environment where tenants are without fear of abuse and violence.”
 “Tenants are treated with dignity.”
 “Tenants are very happy and that’s what matters.”

Two 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. Staff interviewed were aware of the complaints procedure and their role if they receive a complaint. The agency’s 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.

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:

- Human rights
- Tenants reviews
- Recording
- Training
- Lone working
- Supervision
- RQIA
- Safeguarding.

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 had received two complaints during this period with satisfactory outcomes.

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.

Service user's comments:

"The manager and staff are very helpful."

"I have no complaints but would discuss any concerns I had with the manager."

"The staff are all trained to meet my needs."

Staff Comments:

"Training and other support is always available."

"The manager is approachable and we can discuss concerns at any time."

"The staff communicate well with each other."

"Hawthorn has a good staff team who are aware of all care and support needs."

Two returned questionnaires from staff indicated:

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

Comments:

“Supported living is very well led.”

“Staff work well as a team and support the tenants well to reach their optimum levels of independence.”

“Staff are trained to help tenants and support them to make informed choices about life.”

Two returned questionnaires from service users indicated that:

- They 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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