



The Regulation and
Quality Improvement
Authority

Inspector: Michele Kelly
Inspection ID: IN023283

Email: emmett.mcconomy@hearingloss.org.uk

Action on Hearing Loss
RQIA ID: 11174
Embassy Building
3 Strand Road
Londonderry
BT48 7BH
Tel: 02871357509

**Unannounced Care Inspection
of
Action on Hearing Loss**

22 July 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 22 July 2015 from 10.15 to 15.30. 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	2	0

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

2. Service Details

Registered Organisation/Registered Person: The Royal National Institute for Deaf People t/a Action on Hearing Loss/Sharon Ford	Registered Manager: Emmett McConomy
Person in Charge of the Agency at the Time of Inspection: There were two support workers on duty on the day of inspection.	Date Manager Registered: 13 May 2015
Number of Service Users in Receipt of a Service on the Day of Inspection: Eight	

Action on Hearing Loss is a supported living type domiciliary care agency, situated in a quiet residential area of Londonderry. The agency offers domiciliary care and housing support to service users with hearing loss and mental health problems.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support, communication support and assistance to access community services, with the overall goal of promoting good mental health and maximising quality of life.

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:

- Discussion with the person in charge and an employee of another Action on Hearing Loss service who acted as an interpreter
- Examination of records
- Consultation with staff/relatives
- File audit
- Evaluation and feedback

During the inspection the inspector met with two service users and two staff; the inspector spoke to the relatives of two service users on the telephone following the inspection.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- Three care and support plans
- HSC trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Three tenants' meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints procedure Complaints register
- Recruitment policy (March 2014)
- Induction records
- Staff handbook
- Supervision/ appraisal policy (March 2014)

- Staff register/ information
- Agency's staff rota information
- Whistleblowing policy (March 2015)

Staff questionnaires were completed by one staff member; they indicated the following:

- Service users' views are taken into account in the way the service is delivered
- Staff are satisfied that the care is delivered in a person centred manner
- Staff are satisfied that they are familiar with service users' care needs
- Staff are satisfied that there are at all times an appropriate number of suitably skilled staff
- Staff are satisfied that the agency's induction process prepared them for their role
- Staff are satisfied that arrangements for service user involvement are effective

One individual commented;

- "I have no concerns about this organisation as we always work as a team to provide quality service for all the people we support"

Service users' questionnaires were completed by two service users during the inspection; they indicated that:

- Service users are satisfied with the care and support they receive
- Service users are satisfied that they are consulted in relation to the quality of the service
- Service users are satisfied that staff help them to feel safe and respond to their needs
- Service users are satisfied with current staffing levels
- Service users are satisfied that staff know how to care for them

The inspector would like to thank service users, their relatives, staff and the professional who contributed to the inspection for their support and co-operation throughout the inspection process.

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 11 December 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 15.(2)(c)</p>	<p>The registered person shall, after consultation with the service user and their representative ensure that a written plan is prepared which shall-</p> <p>(c) specify how these needs are to be met by the provision of prescribed services.</p> <p>This requirement relates to the registered person ensuring that the agency maintains a record for each service user of the hours allocated to them individually for care and support.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that a record for each service user of the hours allocated to them individually for care and support is available and up to date at the time of inspection.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 23. (1)(5)</p>	<p>(1)The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users representatives.</p> <p>This requirement relates to the need to seek the views of service users' representatives within the monthly quality monitoring report.</p>	Not Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the reports of monthly quality, monitoring for April, May and June 2015. From examination of these reports it was noted that representatives of service users were not always consulted in relation to the quality of service provision and this requirement has been restated.</p>	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 1.1	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan.	Met
	Action taken as confirmed during the inspection: The care records examined on the day of inspection demonstrated consideration of service users' human rights.	
Recommendation 2 Ref: Standard 8.12	It is recommended that an annual evaluation summarising the findings and action taken in relation to the monthly reporting is completed.	Partially Met
	Action taken as confirmed during the inspection: The registered manager was on leave on the day of the unannounced inspection and this information was not accessible. Subsequent to the inspection the registered manager forwarded information to the inspector in respect of an audit of monthly reporting. This information had little detail in respect of the involvement of key stakeholders but did summarise findings and action taken in relation to monthly reporting.	
Recommendation 3 Ref: Standard 12.3	The registered manager must ensure mandatory training requirements are met. It is recommended the three staff who has been identified from records receive an update in Safeguarding Vulnerable Adults Training.	Met
	Action taken as confirmed during the inspection: One member of staff was noted to have not received an update in Safeguarding Vulnerable Adults Training. This was due to extended sick leave and the inspector was advised this person had training scheduled for September 2015.	

<p>Recommendation 4</p> <p>Ref: Standard 4.2</p>	<p>The agreement between the service user and the service provider specifies the terms and conditions of the service provision with reference to relevant policies.</p> <p>It is recommended the service users' guide contain information outlining the procedure for the provision of staff meals when accompanying a service user on outings and in their homes.</p> <p>Action taken as confirmed during the inspection: The service user agreement and guide contains information regarding the provision of staff meals when accompanying a service user on outings and in their homes.</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 describes the mechanism in place to ensure that appropriate pre-employment checks are completed. On the day of inspection the inspector viewed three staff personnel files. One file examined did not have evidence of an application form and record of interview. This was discussed with the registered manager Emmett Mc Conomy when he returned from annual leave; Mr McConomy confirmed that this information had been stored mistakenly in a file for unsuccessful applicants. The agency maintains an alphabetical index of all domiciliary care workers supplied or available for supply for the agency. Prior to their employment, staff are required to be medically assessed but there was no evidence in files inspected of a statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform.

A requirement is made in respect of these matters.

The agency's induction programme includes an induction workbook which is completed within three months. The inspector viewed a staff member's online record of induction which was detailed with responses and actions. Staff stated that the agency's initial induction includes shadowing staff members in the service users' homes. An employee from another Action on Hearing Loss scheme who acted as interpreter for the inspector confirmed that additional staff are usually drawn from the pool of staff employed by the organisation to ensure continuity of care.

The agency's supervision and appraisal policies and procedures outline the frequency and processes to be followed. The agency maintains a record of staff supervision and appraisal, records viewed indicated that they are completed in accordance with the agency's policies and procedures.

Is Care Effective?

Discussions with the person in charge, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. Staff rotas viewed reflected staffing levels as described by the person in charge. The agency has a process in place to ensure that staff provided at short notice have the knowledge, skills and training to carry out the requirements of the job role.

The inspector viewed the agency's staff rota for the forthcoming days and noted that staff were allocated to shifts as required. Staff within the agency also respond to services users who live in their own homes separate from the scheme address. At night there is a sleep in member of staff and there is a 24 hour on call rota for senior support workers. A senior support worker who was on call on the day of inspection attended the scheme at the request of the inspector to allow access to staff files.

The agency's whistleblowing policy (March 2015) was viewed and staff who participated in the inspection indicated their awareness of the policy.

Following the inspection, the inspector emailed a HSC trust professional who is involved with the service; this professional indicated that staff have an understanding of mental health issues but also recognise when it is appropriate and timely to contact a mental health professional to ensure early intervention.

Is Care Compassionate?

Staff stated that they receive induction and ongoing training specific to the needs of service users; they stated that they had the necessary knowledge, skills and support to carry out their roles. Service users and relatives confirmed that staff provided have the knowledge and skills to provide care to meet the needs of individual service users.

The inspector spoke to two relatives following the inspection who confirmed that service users are well supported; comments included:

- "Well catered for"
- "We have never had a problem with the service"
- "Staff are doing their best"

On the day of inspection the inspector observed staff interacting with skill and sensitivity with service users. They endeavoured to ensure the service users' wishes and choices were met. The HSC trust professional who contributed to the inspection commended the manager of the scheme for his efforts in "establishing an ethos that encourages and supports each service user there to maximise their internal resources to be as happy, content and independent as possible given their mental health condition."

The agency maintains a record of all staff training and it was noted that one member of staff required mandatory training in respect of safeguarding vulnerable adults. Following the inspection the registered manager confirmed this training had been missed because the employee had been ill and this training was now scheduled for September 2015.

Areas for Improvement

- Staff mandatory training.
- The records to be maintained, up to date and available for inspection

Number of Requirements:	1	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments viewed reflected the involvement of service users and where appropriate their representatives. The scheme uses an online outcomes tool to plan and monitor progress towards agreed goals. Service users indicated through an interpreter that they are involved in the completion of their care plans and that their views and wishes are reflected.

It was noted from records viewed that the agency received a range of multidisciplinary assessments prior to the service user accepting a tenancy.

Staff could describe the benefits of positive risk taking and their role in supporting service users to live as independently and as full a life as possible. There was evidence of positive risk taking in collaboration with the service user and/or their representative.

Is Care Effective?

The records of three house meetings were reviewed. These had been formatted in an easy read pictorial presentation and reflected participation of service users in issues including household tasks, activities and trips. Service users who met with the inspector indicated they were very happy and love getting out and about. They also confirmed they were aware of the complaints policy.

Service user plans are written in a person centred manner and reflect the preferences and needs of the service users. On the day of inspection the inspector observed a very positive staff response to a service user's specific request in respect of choosing the gender of visiting professional.

Is Care Compassionate?

Promotion of values such as dignity, choice and respect were evident through discussion with staff, service users, and their representatives. Staff discussed examples of responding to service users' preferences. Agency staff demonstrated their awareness of the human rights of service users with one person commenting that the approach to encouraging choice is asking "What can we put in place to facilitate what you want?"

Staff advised the inspector that checks are made during the selection process and at induction to ensure that staff can communicate in an appropriate manner and meet the specific communication needs of each service user. The HSC trust professional commented: "All staff have signing skills and are deaf aware."

Areas for Improvement

There were no areas for improvement within this inspection theme.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.5 Additional Areas Examined

5.5.1 Monthly Quality Monitoring

The reports of the quality monitoring visits undertaken on behalf of the registered provider were examined and it was noted that the views of service users' representatives had not been obtained for the months of April 2015 and June 2015.

A requirement has been restated with regard to the monthly quality monitoring visits.

5.5.2 Complaints

The agency returned to RQIA a summary of all complaints received between 1 January 2014 and 31 March 2015. There were no complaints received during this period.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Emmett McConomy, registered manager, following the inspection. 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			
<p>Requirement 1</p> <p>Ref: Regulation 23 (1)(5)</p> <p>Stated: Second time</p> <p>To be Completed by: 3 September 2015</p>	<p>(1)The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users representatives.</p> <p>This requirement relates to the need to seek the views of service users' representatives during monthly quality monitoring.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>1. Annual questionnaires to be sent out to the people we support and their representatives feedback for this will be actioned by the manager and report will be available in the service.</p> <p>5. Sharon Ford registered person has included this as part of her monthly quality visit, feedback will be saved on our computer system for viewing at any time by the inspector or other interested parties.</p>		
<p>Requirement 2</p> <p>Ref: Regulation 13 Schedule 3</p> <p>Stated: First time</p> <p>To be Completed by: 3 September 2015</p>	<p>The registered person shall ensure that the records specified in schedule 3 are maintained , and that they are-</p> <p>(a) kept up to date , in good order and in a secure manner;</p> <p>(b) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority</p> <p>Refers to but is not limited to:</p> <p>1. Original application forms and employment history which was not included in one employee's personnel file.</p> <p>2. A statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>1. One application form was misfiled it was located by the manager on his return and filed. 2. Physically and mentally fit self declaration forms have been completed by all staff.</p>		
Registered Manager Completing QIP	Emmett McConomy	Date Completed	03.09.15
Registered Person Approving QIP	Sharon Ford	Date Approved	14/09/15
RQIA Inspector Assessing Response	Michele Kelly	Date Approved	16/09/15

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