

Announced Care Inspection Report 4 May 2017



The Beeches Small Group Home

Type of service: Domiciliary Care Agency
Address: 44 Lisburn Road, Ballynahinch BT24 8TT
Tel no: 02897561800
Inspector: Joanne Faulkner

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of The Beeches Small Group Home took place on 04 May 2017 from 11.15 to 16.45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Indicators of the delivery of safe care were evident on the day of inspection. The agency has in place effective recruitment processes; there are training and induction systems in place to ensure that there is at all times an appropriate number of suitably knowledgeable, skilled and experienced staff to meet the assessed needs of individual service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns, implementation of safeguarding procedures and collaborative working with Health and Social Care Trust (HSCT) representatives and relevant stakeholders. There are systems in place to ensure the identification, prevention and management of risk to promote positive outcomes for service users. Service users indicated that they felt care provided to them was safe. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during this inspection

Is care effective?

Indicators of the delivery of effective care were evident on the day of inspection. It was identified that the agency responds appropriately to meet the needs of service users through the development and review of individualised care plans and ongoing engagement with service users. The agency has implemented systems for the review and monitoring of quality; providing ongoing assurance of continuous improvement of services in conjunction with service users and where appropriate, their representatives. There are systems in place to promote effective communication between the agency staff, service users and stakeholders. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during this inspection.

Is care compassionate?

Delivery of compassionate care was evident on the day of inspection. The inspector found that an ethos of dignity and respect was embedded throughout staff attitudes and in the provision of person centred care and support. Observations made and discussion with staff and service users evidenced that staff value and respect the views, opinions and choices of service users. Service users stated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a more fulfilling life. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during this inspection.

Is the service well led?

Indicators of the delivery of a well led service were evident on the day of inspection. There are management and governance systems in place to meet the assessed needs of individual service users. Agency staff demonstrated that they have a clear understanding of their roles and responsibilities within the management structure and confidence in the lines of accountability. There is evidence that the registered person and manager fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during this inspection.

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

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 0 |

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with the person in charge as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 27 June 2016.

2.0 Service details

| | |
|---|--|
| Registered organisation/registered person: The Beeches Professional & Therapeutic Services Ltd/ James Brian Wilson | Registered manager: Geraldine Roisin McClenaghan |
| Person in charge of the service at the time of inspection: Director | Date manager registered: 24 August 2010 |

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Discussion with the person in charge
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Equality & Diversity Policy
- Training Policy
- Incident Policy
- Recruitment Policy
- Induction Policy
- Supervision Policy
- Appraisal Policy
- Record Keeping Policy
- Risk Management Policy
- Disciplinary Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Assessment, Support Planning & Review Policy
- Data Protection and retention of Documents Policy
- Confidentiality and access to records Policy
- Complaints Procedure
- Advocacy Policy
- Statement of Purpose
- Service User Guide
- Annual Report

During the inspection the inspector met with two service users, the person in charge and a staff member.

Questionnaires were distributed by the inspector for completion by staff and service users during the inspection; two staff and two service user questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

4.0 The inspection

The Beeches Small Group Home, situated in Ballynahinch, is a supported living type domiciliary care agency which provides care and support to service users with a learning disability. Tenants live in a bungalow which is rented from The Beeches Professional and Therapeutic Services Ltd.

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 and assistance to access community services, with the overall goal of promoting independence. Staff are available to support tenants 24 hours a day and each service user has an identified 'key worker'.

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

4.1 Review of requirements and recommendations from the last care inspection Dated 27 June 2016

| Last care inspection recommendations | | Validation of compliance |
|---|--|--------------------------|
| Recommendation 1 Ref: Standard 11 Stated: First time | Staff are recruited and employed in accordance with relevant statutory employment legislation. It is recommended that the agency's recruitment policy and procedures specify that the criminal history disclosure information at the enhanced level is sought from Access NI. | Met |
| | Action taken as confirmed during the inspection: The inspector viewed the agency's recruitment policy and noted that it details that an Enhanced Access NI disclosure check is required for all new staff. | |

4.2 Is care safe?

During the inspection the inspector reviewed that agency's processes in place to avoid and prevent harm to service users; this included a review of staffing arrangements in place within the agency.

The agency's recruitment policy details the processes used for staff recruitment and included a list of pre-employment checks completed. Records viewed indicated that the agency has in place effective recruitment systems to ensure that staff are not provided for work until all required checks have been satisfactorily completed. It was identified that staff recruitment is processed by the organisations Human Resources (HR) department; the person in charge could describe the process for receiving confirmation that staff are available to commence employment.

The agency's induction policy outlines the induction programme lasting at least three days which is in accordance with the regulations; it was noted from records viewed and discussions with the person in charge that during induction staff are required to complete an induction workbook; complete mandatory training and shadow other staff employed by the agency. A record of the induction programme provided to staff is retained by the agency.

The inspector noted that relief staff are not accessed from another domiciliary care agency. The person in charge could describe the process for ensuring that staff provided at short notice have the knowledge and skills to fulfil the requirements of the job role.

The person in charge discussed methods used to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users; this included measures taken to ensure continuity of staff provided. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge. The person in charge stated that staff have been requested to work additional hours due to long term staff absences. Staff who spoke to the inspector felt that had the knowledge and skills to fulfil their job role.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervision and appraisal; records view indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector confirmed that they had received supervision and appraisal and could describe the benefits. It was identified that the supervision process involves an observation of staff's practice.

The agency has a system in place for recording staff training; the person in charge could describe the process for identifying gaps in training in conjunction with the organisations training co-ordinator and for ensuring that required training updates are completed. It was noted that staff are required to complete required a range of mandatory training and in addition training specific to the needs of individual service users. The person in charge stated that training in classroom based and that E- Learning training modules are rarely used.

The inspector viewed that agency's staff training information and noted that the record indicated that staff had completed relevant training. Staff who spoke to the inspector could describe the process for requesting additional training if required; they indicated that training completed had equipped them with the knowledge and skills for their role.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation has recently updated their policy and procedures to reflect information contained within the policy and it is currently in draft form. It was noted that agency provided training information sessions for staff in relation to the updated procedures.

The agency has identified an Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key areas of responsibility which includes the completion of an annual report relating to adult safeguarding. It was noted that the agency have developed a workbook for staff in relation to adult safeguarding and that the policy and procedures clearly detail the procedure for staff in reporting concerns.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the person in charge and records viewed it was identified that the agency has a process for maintaining a record of referrals made to the HSCT safeguarding team relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has made no referrals in relation to adult safeguarding since the previous inspection.

Discussions with the agency's staff indicated that they had a clear understanding of safeguarding issues and the process for reporting concerns; they had knowledge of the agency's whistleblowing policy. It was identified from training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and additional update training. The inspector noted that had recently received training in relation to safeguarding vulnerable adults.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. It was noted that the agency's assessment, support planning and review, and risk management policies outline the processes for assessing and reviewing risk. It was noted that service users are supported to participate in an annual review involving their HSCT keyworker and that care and support plans are reviewed in conjunction with service users. The inspector viewed a range of risk assessments and care and support plans in place relating to individual service users. It was identified that the monthly governance arrangements include an audit of risk assessments and any practices deemed to be restrictive; staff stated that there are currently no restrictive interventions in place.

The agency's registered premises are located within the same building as the service users' accommodation; it includes an office area that is suitable for the operation of the agency as described in the Statement of Purpose.

Two staff and two service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were very satisfied that care provided is safe.

Service users' comments

- 'I feel safe.'
- 'I am happy with things; I like the staff.'

Staff comments

- 'I have worked for the Beeches for 13 years; I get training, supervision and appraisal.'
- 'I feel service users are absolutely safe living here.'
- 'We have a good staff team.'

Areas for improvement

No areas for improvement were identified during the inspection.

| | | | |
|-------------------------------|---|----------------------------------|---|
| Number of requirements | 0 | Number of recommendations | 0 |
|-------------------------------|---|----------------------------------|---|

4.3 Is care effective?

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's data protection and record keeping policies outline the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. The agency's staff personnel records viewed by the inspector were retained securely and in an organised manner. The inspector noted that staff had received training relating to record keeping, confidentiality and data protection.

Staff could describe the methods used to ensure that service users are supported to be involved in the development of their care and support plans. Service users stated that they are involved in the development of their individual care plans and that their choices are listened to. During the inspection the inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided.

Discussions with staff and records viewed indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by one of the organisation's directors.

Records of quality monitoring visits viewed were noted to include comments made by service users, and where appropriate their representatives. The records include details of the review of accidents, incidents or safeguarding referrals and in addition details of the review of staffing arrangements and documentation.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and staff, and observations of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users had an understanding of the procedure for reporting concerns and are provided with information of advocacy services and how to access them.

The agency facilitates monthly service user meetings; service users indicated that they are provided with the opportunity to express their views and choices. Monthly staff meetings are facilitated and a record of issues discussed maintained.

The person in charge could describe a range of ways in which the agency seeks to maintain effective working relationships with the HSCT representatives and other stakeholders.

Two staff and two service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that care provided is effective.

Service users' comments

- 'Staff are good
- 'If I am worried or not happy I tell the staff.'
- 'Staff help me clean; I dust and Hoover my room and do the dishes.'

Staff comments

- 'Staff support service users to plan the menu a week in advance and then we go shopping with the service users.'
- 'Service users have choice; they do lots of activities together.'
- 'I feel listened to; we have team meetings.'

Areas for improvement

No areas for improvement were identified during the inspection.

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|-------------------------------|---|----------------------------------|---|
| Number of requirements | 0 | Number of recommendations | 0 |
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4.4 Is care compassionate?

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care and support.

Observations made during the inspection and discussions with staff and indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe ways in which they support the service users to take positive risks to enable them to live a more fulfilling life. It was noted that staff have been provided with training in relation to human rights, equality and diversity and confidentiality.

The inspector noted that staff endeavour to provide care in an individualised manner and to ensure that service users are encouraged and supported to make informed choices. It was identified that the agency has provided a range of information in an alternative format to support service users to meaningfully engage in decisions about their individual care and support.

The service users stated that staff support them in making decisions regarding the care and support they wish to receive. Records of service user meetings reflected the involvement of service users and were noted to contain comments made by them.

The inspector noted that comments made by service users and/or their representatives were recorded throughout a range of the agency's documentation. Processes to effectively engage and respond to the comments and views of service users and were appropriate representatives are maintained through the agency's compliments and complaints process; monthly quality

monitoring visits; care review meetings; annual stakeholder and service user satisfaction surveys and tenants meetings. It was identified from records viewed that the agency’s quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

Two staff and two service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that care provided is compassionate.

Service users’ comments

- ‘We do the menu; I decide what I want.’
- ‘We go shopping; we can choose what we want.’
- ‘I like going to the Karaoke.’

Staff comments

- ‘We promote the service users independence; ***** flew to visit their family.’
- ‘The service users are really involved with running the house.’
- ‘Service users have choice.’
- ‘Service users are supported to go to a lot of different activities.’
- ‘Service users are part of the community; lots of people know and look out 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 the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has implemented effective systems of management and governance.

The agency has in place a range of policies and procedures in accordance with those outlined within the minimum standards; they are retained both in a paper format stored within the agency’s office. The inspector identified that the agency’s policies and procedures are reviewed and updated annually.

The inspector noted that the agency has a systematic approach in auditing and reviewing information with the aim of improving safety and quality of life for service users. It was identified from records viewed and discussions with the person in charge that the agency’s governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency’s complaints policy outlines the procedure for managing complaints; discussions with agency staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received.

The service users could describe the procedure for making a complaint. It was identified from records viewed that the agency has received no complaints since the previous inspection.

The inspector viewed information that evidenced that the agency has in place management and governance systems to drive quality improvement; these include arrangements for monitoring incidents, accidents and complaints on a monthly basis. The inspector viewed evidence of appropriate staff induction, training, supervision and appraisal.

There was evidence of effective collaborative working relationships with stakeholders, including HSCT representatives and relatives. The inspector noted positive feedback from the HSCT representatives regarding the ability of the agency to work in partnership to achieve the better outcomes for individual service users.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff could describe their job roles; service users had an understanding of staff roles and knew who to talk to if they had a concern. Staff had knowledge of the agency's whistleblowing policy and could describe the process for obtaining guidance and support including arrangements for out of hours.

The person in charge stated that all staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate; it was noted that a record is maintained by the agency and the HR department detailing registration details and expiry dates. Discussions with the person in charge provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not registered. It was noted that a copy of the staff member's registration certificate is retained by the agency.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

Two staff and two service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that the service is well led.

Service users' comments

- 'The manager is nice.'

Staff comments

- 'The manager is approachable.'
- 'There is good communication.'

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.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews