

Announced Care Inspection Report 24 October 2018



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

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

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. Service users live in a bungalow; they have individual bedrooms and a range of shared areas.

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 developing skills and promoting independence. Staff are available to support tenants 24 hours a day and each service user has an identified 'key worker'.

3.0 Service details

Organisation/Registered Provider: The Beeches Professional & Therapeutic Services Ltd	Registered Manager: Lianne Montgomery, Acting manager- no application required
Responsible Individual(s): James Brian Wilson	
Person in charge at the time of inspection: Lianne Montgomery.	Date manager registered: Acting manager- no application required.

4.0 Inspection summary

An announced inspection took place on 24 October 2018 from 08.00 to 13.30.

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

The inspection determined 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:

- Communication and engagement with service users, relatives and other relevant stakeholders
- Staff induction, supervision; appraisal and training
- Quality monitoring and auditing processes
- Provision of care in a person centred manner
- Service user involvement

This was evidenced through the review of records at inspection and from feedback received from service users and staff on inspection. The comments of service users have been included in the relevant report sections.

No areas for improvement were identified during the inspection.

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.

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the registered person and 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.

4.2 Action/enforcement taken following the most recent care inspection dated 4 May 2017

No further actions were required to be taken following the most recent inspection on 4 May 2107.

5.0 How we inspect

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

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

Specific methods/processes used in this inspection include the following:

- Discussion with the registered person and manager
- Examination of records
- Consultation with service users, staff
- Evaluation and feedback

During the inspection the inspector met with the registered person, the manager, the three service users, a team leader and one staff member.

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 adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide

A number of policies and procedures viewed during the inspection were noted to have been reviewed and updated in line with timescales as outlined within the minimum standards.

Questionnaires were provided during the inspection for completion by service users and/or relatives; three questionnaires were returned to RQIA. The responses received indicated that the service users were very satisfied or satisfied that care provided was safe, effective and compassionate and that the agency was well led.

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; one response was received. The response received indicated that the staff member was very satisfied that care provided was safe, effective and compassionate and that the agency was well led.

Comment received:

- "Wonderful place to work. Communication between management and staff is great, the team work well together and the clients appear very happy."

The inspector requested that the person in charge display a 'Have we missed you card' to provide relatives and visitors the opportunity to contact RQIA with their views; no responses were received.

In addition feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the registered person and manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 May 2017

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

6.2 Review of areas for improvement from the last care inspection dated 4 May 2017

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 the agency's systems in place to avoid and prevent harm to service users; it included a review of current staffing arrangements within the agency.

The organisation's recruitment policy outlines the procedure for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The inspector discussed the need for the policy to reflect that written references are obtained; assurances were provided that the policy would be amended to reflect this. It was identified that the agency's staff recruitment process is co-ordinated in conjunction with the organisation's Human Resources (HR) department. Recruitment records viewed indicated that the required pre-employment checks had been completed and that the process is robust.

The inspector viewed evidence of information reviewed by the manager that all required checks have been satisfactorily completed. The manager stated that domiciliary care workers are not provided for work until all required checks have been satisfactorily completed.

It was identified from records viewed following the inspection that the agency has a statement signed by the manager stating that staff are physically and mentally fit for the purposes of the work which they are to perform in place.

The agency's induction policy outlines the induction programme provided to staff; it was noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. Staff are required to attend complete initial induction, shadow other staff employed by the agency and undertake training in a range of mandatory areas. A record of induction is retained and staff are required to complete an induction workbook developed in line with Northern Ireland Social Care Council (NISCC) standards.

Staff could describe the content of the induction programme complete which was noted to include shadowing other staff employed by the agency. Observations made and discussions with staff during the inspection indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

Discussions with the manager and staff indicated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the needs of individual service users. The manager stated that current staff levels are adequate to meet the assessed needs of service users. It was identified that relief staff are accessed from staff employed by the organisation and that no staff are accessed from domiciliary care

The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the manager; it was identified that staff will on occasions work additional hours to cover staff absences. It was noted that there is a process for a staff handover a key shift changes.

The agency's supervision and appraisal policies detail the timescales and procedures to be followed. A record of staff supervision and appraisal are maintained; the records of two staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies. It was noted that group supervision is also facilitated to promote continuity of care provision; in addition staff are required to complete medication administration competency assessments.

The manager and staff could describe the process for identifying training needs and their responsibility for ensuring that training updates are completed. Staff were required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. Staff who spoke to the inspector stated that their training is beneficial to their role and had equipped them with the knowledge and skills for their job.

The agency maintains details of training completed by staff. The inspector viewed that the agency's staff training matrix, from records viewed it was identified staff had completed the relevant training in a number of mandatory areas.

The agency's HR departments retains details of the registration status and expiry dates of staff required to be registered with the NISCC as appropriate. The manager stated that staff are alerted when their registration is required to be renewed and would not be supplied for work if they are not appropriately registered. Discussions with the manager indicated that the list is reviewed by them.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and in addition the procedure for staff in reporting concerns.

The organisation has identified an Adult Safeguarding Champion (ASC); staff who met with the inspector could describe the process for raising concerns. Discussions with staff indicated that they were knowledgeable in matters relating to adult safeguarding matters, the role of the ASC and the procedure for reporting adult safeguarding concerns appropriately.

It was identified that staff are required to complete safeguarding training during their induction programme and in addition a training update two yearly. Training records viewed by the inspector indicated that staff had completed relevant training. It was noted that adult safeguarding matters are discussed at team meetings.

It was noted that the agency has provided service users with information in relation to their personal safety. The service user guide provided details for service users in relation to raising concerns. Service users could describe what they would do if they had any concerns in relation to their safety or the care they received.

Records viewed and discussions with the manager indicated that the agency had made no referrals in relation to adult safeguarding since the previous inspection. Discussions with the manager provided evidence that the agency has a process for maintaining a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to any instances of alleged or actual incidences of abuse.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The manager could describe the process for assessing and reviewing risk; the inspector viewed a number of risk assessments in place and care plans which had been developed to meet the assessed needs of

service users. Service users stated that they are supported to participate in an annual review involving their HSCT keyworker and in any review of their care plans.

The agency’s office accommodation is located within the same building as the home of the service users and accessed from a shared entrance. The office is suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection records were stored securely and in a well organised manner and that PC’s were password protected.

Comments received during inspection process.

Service users’ comments

- “Very happy living here; very good staff.”
- “If I am worried or not happy I speak to the manager.”
- “I have no problems; I am very happy.”
- “We all get on well living here together.”

Staff comments

- “I love it here, I am very happy; it is not like work at all.”
- “The service users are happy and safe; they can do what they want.”
- “The service users are very independent we are just here to provide support and guidance.”
- “I have no issues, this is a brilliant place to work.”
- “The training is never ending; supervision and appraisal are worthwhile.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, supervision, appraisal and adult safeguarding.

Areas for improvement

No areas for improvement were identified during the inspection in relation to staff training.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The inspector reviewed the agency’s arrangements for appropriately responding to, assessing and meeting the needs of service users. The agency’s Statement of Purpose and Service User Guide contain details of the nature and range of services provided.

The agency’s data protection and management of records policies outline the procedures for the effective creation, storage, retention and disposal of records.

Records viewed during the inspection were noted to be retained in an organised manner; it was noted that staff receive training relating to record keeping and confidentiality during induction programme.

Staff could describe the processes used for supporting service users to be engaged effectively in their care planning and review processes. Service users indicated that staff encourage and support them to participate in review meetings and to be involved in the completion of their individual risk assessments and care plans. The inspector care records for two service users; it was noted that staff record daily the care and support provided.

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The organisation has a process for completing monthly quality monitoring visits by a director from the organisation.

Records of quality monitoring audits viewed indicated that the process is effective and that an action plan is developed. The reports were noted to include detailed accounts of the outcome of discussions with staff, service users, and where appropriate their representatives. They included information relating to the review of the previous action plan, review of accidents, incidents and safeguarding referrals; staffing arrangements, care records, the environment, complaints and financial management arrangements.

Comments recorded on the quality monitoring reports.

HSCT representative's comments

- “Super place that definitely meets the client’s needs on so many levels.”

The agency’s systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with them and that their views and opinions are respected. The manager and staff could describe the processes used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders.

The agency aims to facilitate monthly service user and staff meetings; service users could confirm that they attend and are provided with the opportunity to express their views and opinions. It was good to note that the agenda and minutes of the service user meeting are completed in an easy read format. A range of information has been provided to service users at the meetings including health and safety, road safety, stranger danger and healthy eating.

Comments received during inspection process.

Service users' comments

- “Staff help us with anything.”
- “We do a menu each week and do the shopping.”
- “We do the cleaning in the house.”

Staff comments

- “We support service users to go out shopping or to the cinema.”
- “I feel supported in my role; I can speak to the manager at any time.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's auditing and quality monitoring arrangements and effective communication and engagement with service users, and where appropriate their relatives and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to the care and support they receive.

It was identified that staff receive training in relation to human rights and confidentiality. Discussions with service users and staff, records viewed and observations made during the inspection provided evidence that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way individualised care and support is provided. The agency has provided information to service users relating to human rights, advocacy and adult safeguarding.

Service user care records viewed were noted to contain information relating to their life histories and their individual needs, choices and preferences. During the inspection the inspector observed service users being supported by staff to make decisions about the care and support they received and activities they participated in.

Staff described they wide range of ways in which they endeavour to provide care and support in a person centred way; and the processes used for effectively supporting service users in making informed choices. Service users who spoke to the inspector stated that staff support them to be involved in decisions relating to their care, support and daily routines. Service users stated that staff respect their choices and indicated that there are no restrictions in place within their home.

The inspector discussed arrangements in place relating to the equity of opportunity for service users and in addition the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner. The manager could describe how staff training equips staff to engage with a diverse range of service users.

Discussions with the service users, staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle choices. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner

Records viewed and discussions with staff indicated that the agency has a range of methods for recording comments made by service users and where appropriate their representatives. Records of service user meetings, care review meetings, daily recording records and the agency's quality monitoring reports provided evidence of regular engagement with service users and where appropriate relevant stakeholders.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process, quality monitoring visits, care review meetings and service meetings. The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

Observations made during the inspection and discussions with service users provided evidence that service users are encouraged and supported to make choices regarding their daily routines. It was good to note that service users appeared relaxed and comfortable in their home and moved around freely within the shared areas.

Service users' comments

- "I like to listen to my music and I like to write."
- "I like watching my DVD's."
- "I can do what I want; I can have a wee rest when I want."
- "We went on holiday to Killarney for three days."
- "I go to work and I make things and get my lunch."

Staff comments

- "Service users have choice and seem very happy living here."
- "There is a relaxed atmosphere; service users can do what they want. We support them with anything they need help with."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred, compassionate care and effective engagement with service users, and where appropriate their relatives and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is managed on a day to day basis by the manager supported by a team leader and a number of support workers; staff stated that the manager and senior staff are very supportive and could describe the process for obtaining support and guidance at any time including out of hours arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained in an electronic format that staff can access. A number of the organisation's policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards. The inspector discussed with the manager the need to update the contact details RQIA in a number of the policies following a recent change to the telephone contact number; assurances were provided that this would be completed.

The agency's complaints policy and procedure outlines the process for managing complaints; discussions with the manager and staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was noted that staff complete complaints awareness training. Service users could clearly describe the process for raising concerns.

The agency has a process for retaining a record of complaints received. It was noted from discussions with the manager that the agency has received no complaints since the previous inspection. The agency's monthly quality monitoring process audits complaints received.

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of required policies and procedures, monthly monitoring of staffing arrangements, complaints, accidents/incidents, safeguarding incidents and incidents notifiable to RQIA. Throughout the inspection the inspector viewed evidence of effective and ongoing collaborative working relationships with relevant stakeholders.

It was noted that the agency has in place management and governance systems to monitor and improve the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. It was noted that staff are provided with a job description at the commencement of employment; staff who spoke to the inspector had a clear understanding of the responsibilities of their job roles.

The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

It was positive to note that the service user guide had been developed in an easy read format and that information was recorded in an easy to understand manner. On the date of inspection the certificate of registration was on display and reflective of the service provided.

Comments received during inspection.

Staff comments

- “I feel supported; this is a great place to work, I am very happy.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s governance and quality monitoring arrangements.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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