

Unannounced Care Inspection Report 27 June 2016



The Beeches Small Group Home

Type of Service: Domiciliary Care Agency
Address: 44 Lisburn Road, Ballynahinch BT24 8TT
Tel No: 02897561800
Inspector: Michele Kelly

1.0 Summary

An unannounced inspection of The Beeches Small Group Home took place on 27 June 2016 from 9.45 to 15.45.

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

Is care safe?

During the inspection the agency was found to be competently delivering safe care. The agency maintains a very stable provision of appropriately trained and supervised staff who understand and respond appropriately to the needs of service users. The arrangements to protect service users include the provision of safeguarding training. It was noted that agency staff understand how to identify safeguarding concerns and appropriately implement management plans in conjunction with the HSC Trust. There are established systems of person centred assessment, and review of needs, wishes, and risks. The inspector found evidence of a range of positive outcomes for service users.

One area for quality improvement was identified and 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.

Is care effective?

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users are involved in the development of care and support plans which are reviewed regularly with HSC Trust professionals. The quality monitoring arrangements include consultations with service users and their representatives, and provide a system of audit and service improvement. The agency maintains effective communication with service users, relatives and key stakeholders including the HSC Trust. The inspector received feedback from service users, relatives and an HSC Trust community professional which indicated that service provision had resulted in positive outcomes for service users.

No areas for quality improvement were identified.

Is care compassionate?

During the inspection the agency was found to be competently delivering compassionate care. The inspector observed interactions between staff and service users and received feedback from service users, relatives and a HSC Trust professional which indicated that the dignity and promotion of independence of service users are upheld through service delivery. The inspector received substantial evidence that the agency's provision of a compassionate service has led to better outcomes in the lives of service users. There was evidence of the agency's maintenance of systems to ascertain service users' wishes and feelings, and involve them in decision making.

No areas for quality improvement were identified.

Is the service well led?

During the inspection the agency was found to be competently delivering a well led service. Clear management and governance systems are maintained to meet the needs of service users and drive quality improvement. Staff are aware of their roles, responsibility and accountability within the organisational structure. The registered person has operated the service in accordance with the regulatory framework. There are effective working relationships with key stakeholders including service users, relatives and the HSC Trust.

No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards 2011, previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Roisin Mc Clenaghan, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organization/registered provider: The Beeches Professional & Therapeutic Services Ltd/James Brian Wilson	Registered manager: Geraldine Roisin McClenaghan
Person in charge of the agency at the time of inspection: Roisin McClenaghan	Date manager registered: 24 August 2010

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan

During the inspection the inspector spoke with the registered manager, two support staff, one service user, two relatives and one HSC Trust community professional.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; four were returned. At the request of the inspector, questionnaires were distributed for completion by service users; three were returned.

Feedback received by the inspector during the inspection process is included throughout this report.

The following records were examined during the inspection:

- A range of care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Service users' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Records relating to safeguarding adults
- Induction records
- Staff rota information
- Recruitment policy 2015
- Supervision policy 2013
- Retention and destruction of records policy 2016
- Whistleblowing Policy 2015
- Statement of Purpose 2016
- Service User Guide 2015

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 three 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'.

4.1 Review of requirements and recommendations from the last care inspection dated 29 October 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 14.(b)(d)</p> <p>Stated: Second time</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to the registered person ensuring that the agency's policy relating to staff meals is updated to include arrangements for staff accessing food whilst accompanying service users on outings; and that it details that staff are required to provide a receipt.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the agency's policy and noted that it details the arrangements for staff accessing food whilst accompanying service users on outings and includes the requirement for staff to provide a receipt.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 21(1)(a)</p> <p>Stated: First time</p>	<p>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>This requirement relates to the registered person ensuring that the agency’s staff induction records are signed by the staff member.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed two staff files and noted that induction records had been appropriately signed.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 21(1)(a)</p> <p>Stated: First time</p>	<p>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>This requirement relates to the registered person ensuring that the agency’s staff rota information details the full name of staff supplied.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the staff rota which detailed the full names of staff supplied by the agency.</p>	<p>Met</p>
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p>	<p>It is recommended that the registered person ensures that the agency’s staff induction policy is reviewed and updated to include details relating to the duration of staff induction.</p> <p>Action taken as confirmed during the inspection:</p> <p>The agency’s staff induction policy has been updated (June 2016) and confirms that induction for new staff lasts for three days.</p>	<p>Met</p>

4.2 Is care safe?

The agency's registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. The Statement of Purpose was reviewed by the agency in 2016.

During the inspection staffing arrangements were reviewed by the inspector. The staff rota and feedback confirmed that a member of staff is available to support service users at all times within their own home.

The agency has an induction policy and an induction programme of at least three days in accordance with Regulations. The manager confirmed that new staff are required to shadow existing staff members in the service users' homes.

Staff training records viewed confirmed all care workers had completed the required mandatory update training programme. Staff provided positive feedback regarding the quality of training received and the manager confirmed there was electronic monitoring of staff training and alerts are sent by text to advise staff of updates required.

Their 'Safeguarding children and Vulnerable Adults' policy and procedure provided information and guidance as required, and the manager confirmed it was going to be updated to reflect and reference 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'. A staff member spoken to on the day of inspection was aware of this guidance.

Two care workers interviewed by the inspector had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to reporting poor practise and their understanding of the agency's policy and procedure on whistleblowing.

The inspector examined the agency's arrangements to identify and manage risk to service users. The agency operates a risk management strategy; records of risk assessments are completed with each service user, regularly evaluated and reviewed.

Examination of records indicated that a system has been maintained to ensure that staff supervision and appraisals are planned and completed in accordance with policy.

The agency has a recruitment policy in place and dedicated human resources staff oversee the recruitment process, including the completion of appropriate pre-employment checks. The inspector noted that the agency's recruitment policy and procedures did not specify that the criminal history disclosure information at the enhanced level is sought from Access NI.

A recommendation is made in respect of this.

Questionnaire responses from both service users and staff to "Is care safe" indicated a high level of satisfaction with this service.

Staff comments

- ‘We get a good induction and it prepares you for the role.’

Relatives’ comments

- ‘**** is very well looked after, first class.’

Areas for improvement

One area for quality improvement was identified and 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.

Number of requirements	0	Number of recommendations:	1
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4.3 Is care effective?

The inspector examined a range of records maintained by agency staff in accordance with legislation and standards. It was noted that the agency maintains a policy which includes the management of records; this policy outlined six year retention schedules for some documents. The inspector advised that this retention period should be eight years and before the inspection was complete the registered person had made the necessary amendments to the policy. Service user records viewed by the inspector evidenced that regular contact and feedback received from service users had been followed up. These records evidenced that the agency and the HSC Trust carries out care reviews with service users if changes to their needs are identified. The agency maintains a daily contact record for each service user. The inspector received feedback which indicated that the agency maintains effective methods of relevant communication and partnership working with key stakeholders. A HSC Trust professional described the development of effective working relationships with the agency which have led to positive outcomes for service users.

Monthly quality monitoring provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matters.

Minutes of tenant meetings clearly documented communication processes between agency staff and tenants, including tenant views and how the agency has responded to them. The inspector was informed of local advocacy services available for the use of service users and these were included in the easy read service user guide.

Staff comments

- ‘There are monthly tenant and staff meetings to ensure optimal care.’

Service users' comments

- 'The staff help if I get bad health.'

Questionnaire responses from both service users and staff to "Is care effective" indicated a high level of satisfaction with this 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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4.4 Is care compassionate?

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

Discussion and feedback from staff indicated that the values stated in the Minimum Standards, including dignity, respect, independence, choice, rights, equality and diversity, were embedded in the culture and ethos of service delivery at The Beeches Small Group Home. In the course of the inspection the inspector observed staff interacting with a service user in a manner which showed respect and promoted choice. The registered manager provided an example of how the agency strives to meet the changing health needs of a service user to ensure they can continue to enjoy the comforts of their own home.

The inspector received positive feedback from an HSC Trust community professional community about the dignity and respect shown to service users.

Formal processes to record and respond to the views of service users and relatives are maintained through the complaints and compliments process, quality monitoring, service user survey, and service users' meetings. The registered manager confirmed that there were no complaints received from 1 April 2015 to March 2016.

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.

Relatives' Comments

- 'Everyone is so friendly.'
- '**** has the freedom to come and go if able.'

Staff comments

- 'The staff care deeply for the tenants and are very professional.'
- 'It makes me feel I am helping the tenants have a full life.'

Questionnaire responses from both service users and staff to "Is care compassionate" indicated a high level of satisfaction with this 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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4.5 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. The Statement of Purpose had been reviewed in 2016 and it reflects the range and nature of services provided.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

Staff confirmed that they had access to the agency's policies and procedures.

All of the service users/relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. The inspector noted that the governance systems within the agency identify and drive quality improvement. There was evidence of regular and effective staff supervision and appraisal.

The inspector reviewed the monthly monitoring reports for January to May 2016. These reports evidenced that registered person had been monitoring the quality of service provided in accordance with minimum standards.

The two care workers interviewed indicated that they felt supported by senior staff who were described as approachable and helpful. One service user indicated that the registered manager would listen to them and address their concerns and suggestions.

Questionnaire responses from both service users and staff to "Is the service well led" indicated a high level of satisfaction with this service.

Relatives' Comments

- 'The facilities are first class.'

Staff comments

- 'Management are supportive.'
- 'The atmosphere is relaxed.'

Areas for improvement

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Roisin Mc Clenaghan, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the (Insert Service Type). The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to agencies.team@rqia.org.uk for review by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>27 August 2016</p>	<p>Staff are recruited and employed in accordance with relevant statutory employment legislation.</p> <p>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.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>Policy and procedure reviewed, and clearly specify Access NI enhanced level is received.</p>

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



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