



The Regulation and
Quality Improvement
Authority

Inch View (Supported Living)

RQIA ID: 11187

Shantallow Health Centre

86 Racecourse Road

Londonderry

Inspector: Rhonda Simms

Inspection ID: IN22866

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**Unannounced Care Inspection
of
Inch View (Supported Living)**

19 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 19 June 2015 from 10.15 to 16.00. 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	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Elaine Way	Registered Manager: Marie Mullan (acting)
Person in charge of the agency at the time of Inspection: Marie Mullan	Date Manager Registered: Took up post 8 June 2015
Number of service users in receipt of a service on the day of Inspection: 13	

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:

Prior to inspection the following records were analysed:

- Report and QIP of previous RQIA care inspection
- Incidents and risk assessments
- Correspondence

During the inspection the inspector met with two service users, the manager, four staff, two community professionals, and two relatives.

Two staff questionnaires were completed and returned; these indicated that staff were either satisfied or very satisfied:

- that service users receive care and support from staff who are familiar with their care needs
- that service users have their views and experiences taken into account in the way service is provided and delivered
- that an appropriate number of suitably skilled and experienced persons are available to meet the needs of service users
- that staff would be taken seriously if they were to raise a concern
- that the induction process had prepared them adequately for their role.

Comments included:

'...service users are at the centre of each plan with all their views'.

Questionnaires asking service users' views on the care they receive were provided; two were completed and returned.

Service users were either satisfied or very satisfied:

- with the care and support they receive
- that their views and opinions are sought about the quality of service
- that staff know how to care for them and respond to their needs
- that staff help them feel safe and secure
- that staffing levels are appropriate.

A service user commented that they would prefer that key worker did not move to another area as 'I value (their) support'.

The following records were examined during the inspection:

- Care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Records of service user consultation
- Monthly monitoring reports
- Staff training records
- Records relating to staff supervision
- Supervision policy
- Complaints records
- Recruitment policy
- Induction procedure
- Records of induction
- Staff handbook
- Staff register
- Staff rota information

5 The Inspection

Inch View (Supported Living) provides a supported living type domiciliary care service for up to 13 service users with a primary learning disability. The service is provided in shared accommodation at five different addresses all within close proximity of the agency's office. Services are provided by 17 staff employed by the Western HSC Trust. Services provided include assistance with maintaining a tenancy, supervision and assistance with personal care, and involvement in the local community. The overall goal of the service is to improve independence and enhance quality of life.

The inspection took place at the agency's former registered office at 24 Inch View. The agency's new registered office at Shantallow Health Centre will be operational within the next month.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the Inch View was an announced care inspection dated 5 September 2014. The completed QIP was returned and approved by the care inspector.

Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: 5 (1)	<p>The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as ‘the statement of purpose’) which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>This refers to the revision of the Statement of Purpose to include appropriate reference to the use of restrictive practice.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the statement of purpose which included reference to management of risk appropriate to current service users.</p>	
Requirement 2 Ref: 6 (1)	<p>The registered person shall produce a written service user’s guide which shall include-</p> <p style="padding-left: 40px;">(a) A summary of the statement of purpose</p> <p>This refers to the revision of the service user’s guide to include appropriate reference to the use of restrictive practice.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the service user guide which included reference to management of risk appropriate to current service users.</p>	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: 1.4	Action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service. The registered person should ensure that there is a process of ascertaining the views of service users on the staff use of any room and measures are taken to ensure the service users obtain maximum benefit from their home.	Met
	Action taken as confirmed during the inspection: The agency has taken steps to ensure that service users obtain maximum benefit from their homes. The inspector observed appropriate changes in practice regarding staff presence in service users' home.	

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained, including those supplied on a temporary basis.

The agency has a structured induction programme lasting at least three days; this was confirmed by staff interviewed. The induction comprises: a two day corporate induction, an induction to the agency which includes shadowing staff, getting to know service users, and reading relevant files and documents. The agency maintains a record of the induction provided to all staff. The manager advised that staff are provided with a handbook, and have access to policies, procedures, and guidance.

The manager confirmed that new staff are not used at short notice. The agency has in place a procedure for verifying the identity of all staff prior to their supply.

The agency has a policy and procedure in place for staff supervision and appraisal which details frequency of four sessions each year. Supervision records examined confirmed that staff had received supervision in line with policy and procedure or more frequently.

Overall on the day of inspection care was found to be safe.

Is Care Effective?

Staffing levels were discussed with the manager and head of service. The manager confirmed that sufficient staff are available to meet the assessed needs of service users. Staff commented that service users' wishes could be met fully if more staff were on duty. The agency has identified that it would be beneficial to service users to adjust staffing arrangements at certain times of the day. The head of service confirmed that a recruitment exercise has been undertaken and some re-organisation of existing staff is taking place. Examination of staff rotas reflected staffing levels described by the manager and staff. Service users, relatives and professionals indicated that staff were suitably trained to meet the needs of service users.

Staff who took part in the inspection were clear about their roles and responsibilities and described processes to ensure that they are clear about their role on a daily basis.

Records of induction and discussion with staff indicated that the induction was effective in preparing new staff for their role. The agency has a process of evaluating the effectiveness of staff induction through supervision and observation.

Discussion with staff and examination of training records showed that the agency has a process in place to identify and respond to training needs. Staff described a culture where they can identify training needs and this is appropriately responded to.

Records and staff feedback indicate that staff receive supervision and appraisal in line with the agency's policy or more frequently, and have access to appropriate management arrangements in and outside of normal working hours.

Staff are aware of the whistleblowing procedure and have access to procedures in paper and electronic forms. Staff who took part in the inspection described how they would raise concerns first with the manager.

Service user comments

'The staff are very good.'

Relatives' comments

'Staff worked with (service user) and professionals.'

'Sometimes they seem short staffed, I know this is being addressed.'

Professionals' comments

'Staff communication is excellent.'

'Staff have good knowledge...they make contact regarding relevant information.'

Is Care Compassionate?

During the inspection a range of staff discussed how the agency recently prepared service users for significant staff changes. The inspector viewed comments maintained by service users in relation to staff changes and the agency's response to these comments.

The manager and head of service discussed how service users have been facilitated to express their views to senior management. Staff who participated in the inspection were aware of the possible impact of staff changes on service users.

Staff discussed how service users are made aware of which staff are coming on duty, and if there are any changes to the rota. The inspector noted that a number of staff have worked for the agency over a period of years, providing continuity to service users.

Induction records viewed by the inspector indicated that staff receive an induction specific to the needs of service users; this was supported by staff comments. Agency staff who took part in the inspection confirmed that they are appropriately inducted to carry out their role and have the necessary knowledge and skills. A professional commented, 'Staff are very tuned in to the service user'.

Agency staff described how the induction process involves meeting service users and learning about their care needs with an experienced member of staff. The inspector observed a new member of staff interacting with a service user respectfully as part of a process of getting to know each other. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users. A staff member commented on their induction, 'I was given time to get to know service users. It's their home, it's like a stranger coming in. You have to be patient and work with the service user.'

The manager discussed the agency's processes to address unsatisfactory performance of a domiciliary care worker.

Service user comments

'I love it, it's brilliant.'

'I always know someone is there.'

Relatives' comments

'The staff are brilliant in making sure **** can be as independent as possible.'

Professionals' comments

'The service is excellent.'

Areas for Improvement

There were no areas for improvement identified within this theme.

Number of Requirements:	0	Number of Recommendations:	0
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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 by the inspector reflected the views of service users and/or representatives. The inspector reviewed a range of care and support plans devised in conjunction with service users which reflected assessments of need and risk assessment. Staff commented, 'Service users are very much involved with their care and support plan'.

Staff provided feedback regarding positive risk taking in collaboration with the service users and/or their representatives. The examples discussed indicated how risks were balanced to support service users to exercise choice and promote independence. Staff commented, 'We worked together with **** to try to give as much independence as possible to do the things they wanted to do'.

A relative gave feedback of the impact of positive risk taking: 'It's brilliant...**** has blossomed since living there'.

Overall on the day of inspection care was found to be safe.

Is Care Effective?

Records of reviews indicated that care is regularly evaluated and reviewed. The agency has a process of reviewing care and support plans six monthly with service users, with at least a yearly review including a community worker from the Trust. The views of service users and/or their representatives were recorded in review records. The inspector viewed a range of care and support plans which were written in a person centred manner, clearly included the service users' views throughout and showed evidence of updating.

The agency was able to demonstrate through a range of methods how service delivery is responsive to the views of service users and/or their representatives. It was evident from discussions with relatives that the agency has ongoing processes to ascertain and respond to the views of service users and their representatives. The manager discussed how the agency has recently facilitated service users to express their views regarding an issue important to them.

Service users have been provided with information relating to human rights and advocacy in a suitable format. The inspector noted that the discussion of human rights issues were recorded in tenants' meetings.

Service user comments

'I go to the staff about any problems.'

Relatives' comments

'Generally we can resolve any issues.'

Professionals' comments

The service users 'are entitled to choice, nothing is enforced on them.'

Is Care Compassionate?

Examination of records and feedback from service users, staff, relatives and professionals indicated that service users receive care in an individualised manner. Discussion with staff indicated that they are committed to extending the choices and individualisation of service provision available to service users.

There was evidence that service users could make choices regarding their routine and activities within the resources available to them. One service user commented, 'I pick what I want... I am well supported.' The agency could demonstrate the promotion of human rights and the values underpinning The Domiciliary Care Agencies Minimum Standards (2011).

It was evident from documentation and discussion with service users and relatives that they are aware of their rights to be consulted and have their views considered in relation to service delivery.

The agency could demonstrate that the service users' views, capacity and consent have been taken into account in service delivery.

Service user comments

'The staff are understanding.'

'Anything I want, anything's wrong, I talk to the staff.'

Staff comments

Service users are 'all individuals, all different.'

'Clients make their own choices about what they want to do.'

'We provide assistance to bring out what they (service users) can do.'

Professionals' comments

'They (the agency) try to promote independence as much as possible.'

Areas for Improvement

There were no areas for improvement identified within this theme.

Number of Requirements:	0	Number of Recommendations:	0
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Additional Areas Examined

Monthly Quality Monitoring Reports

Reports of monthly quality monitoring completed on behalf of the registered person were examined during inspection. The reports ascertain and respond to the views of service users, relatives, professionals and staff. The reports progress on improvement issues identified by monitoring and RQIA Quality Improvement Plans.

Complaints

Records of complaints from 1 January 2014 - 31 March 2015 were examined. There were no records of any complaints having been received in this period. The record of one complaint received after the reporting period was examined and the response satisfactory.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Marie Mullan	Date Completed	11.08.2015
Registered Person	Elaine Way	Date Approved	11.08.2015
RQIA Inspector Assessing Response	Rhonda Simms	Date Approved	26/08/15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to agencies.team@rqia.org.uk from the authorised email address

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.