

# Announced Care Inspection Report 17 January 2019



## Greystone Support Centre

**Type of Service: Domiciliary Care Agency**  
**Address: 199 Donore Crescent, Antrim, BT41 1JB**  
**Tel No: 02895042930**  
**Inspector: Caroline Rix**

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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

Greystone Support Centre is a supported living type domiciliary care agency which is run by Belfast Health and Social Care Trust (HSC) Trust; the agency's office is located in Greystone Estate, Antrim.

The agency provides 24 hour support to 17 adults with a learning disability and complex needs who live in their own flat or house in the community. The support provided by staff is tailored to meet the individual needs of service users and is based upon a person centred multi-disciplinary approach to individuals. The aim of the service is to support service users to live as independently as possible.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Lisa-Jane Cathcart
<b>Responsible Individual:</b> Martin Joseph Dillon	
<b>Person in charge at the time of inspection:</b> Lisa-Jane Cathcart	<b>Date manager registered:</b> 02/09/2010

### 4.0 Inspection summary

An announced inspection took place on 17 January 2019 from 09.30 to 15.00hours.

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

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine 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 care records, reviews, communication between service users and staff and other key stakeholders.

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 service users and staff for their warm welcome and full cooperation throughout the inspection process.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager Lisa Cathcart and the deputy 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 22 March 2018

No further actions were required to be taken following the most recent inspection on 22 March 2018.

## 5.0 How we inspect

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

- Previous inspection report
- Record of notifiable events for 2018/19
- All communications with the agency by RQIA.

The inspector spoke with the manager, the deputy manager, a senior support worker and three support workers to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Their feedback is contained within the body of this report.

As part of the inspection the inspector spoke with three service users and the inspector observed the service users' interactions with staff. Their feedback is contained within the body of this report.

The inspector requested that the manager place a 'Have we missed you'" card in a prominent position in the agency to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received.

The manager was asked to provide some service users/relatives with an RQIA survey/stamped addressed envelope asking for their views on the services they receive. Two responses were returned to the inspector and their feedback is included within the report.

The manager was also asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. No staff responses were received by the inspector.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Two staff recruitment records
- One staff induction record
- Three staff supervision records
- Three staff appraisal records
- Three staff training records
- Staff training plan
- Staff meeting minutes
- Staff NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide
- Two service users' records regarding support plans, reviews and quality monitoring
- Tenants meeting minutes
- Three monthly monitoring reports.
- Annual quality review report for 2018
- Communication records with other professionals
- Notification and incident records
- Complaints log and records

- Compliments log and records

The findings of the inspection were provided to the manager Lisa Cathcart and the deputy manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 22 March 2018

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

### 6.2 Review of areas for improvement from the last care inspection 22 March 2018

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.**

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency's staff recruitment process is managed by the organisation's human resources (HR) department. The inspector visited the HR department on 6 December 2018 and examined a sample of individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Documentation viewed by the inspector indicated that there is robust recruitment systems in place to ensure all required checks have been satisfactorily completed prior to staff being provided into service users homes. The manager could describe the process for obtaining confirmation from their HR department that new staff are available to commence employment.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records confirmed that all staff are registered with The Northern Ireland Social Care Council (NISCC). The manager discussed the system in place to identify when staffs are due to renew registration with NISCC.

The induction programme for new staff was viewed, which includes a detailed induction procedure and support mechanisms in place which is compliant with Regulation 16(5) (a). Documentation

viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff over a six month period that included a shadowing system. The manager had signed all records to confirm that staff members had been deemed competent at the end of their probationary period.

The inspector noted the staff team has remained stable and arrangements enable the agency to provide familiar staff to service users who require staff continuity. Through discussions with staff, as well as the inspector's observations, it was evident that the staff on duty was very knowledgeable regarding each service user and their support required.

The inspector reviewed the agency's training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the individual needs of service users. The organisation has a system of requiring staff to complete annual update training in key subject areas. The organisation has a learning and development team to assist managers to ensure that learning objectives have been met, and to identify future learning needs. The update training on manual handling was found to be overdue for a number of staff. This was discussed with the manager who explained the availability of places for the practical training timetable has been limited, but will be booking this training with the trainer as soon as possible.

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 supervisions and appraisals in line with their policies and procedures. Staff described the value of the various supervision meetings with the manager and senior staff. Staff confirmed senior staffs are approachable at any time for support and guidance.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Protection' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The agency has identified their Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

The manager demonstrated a clear understanding of safeguarding issues; and could describe the procedure to be followed which is in accordance with the agency's procedure. No safeguarding reports had been received since the last inspection.

The inspector noted that the safeguarding procedures are also available in an easy read version and provided to each service user. During the December 2018 tenants meeting the service users were provided with safeguarding awareness training which is to be commended.

The agency's whistleblowing policy and procedure was found to be satisfactory and staff demonstrated a clear understanding of their role and responsibilities in relation to raising concerns or reporting poor practice/whistleblowing.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust.

Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users.

Service users commented during inspection:

- “I live on my own and I love it here. The staff are all so good to me.”
- “I have all the help I need and the staff help me keep a note on my money so I am safe. We had a talk about keeping safe, I know to check the identity of anyone coming to my door and to report if a stranger calls.”
- “I know I can talk to any of the staff if I have a problem.”

The returned questionnaires from service users indicated that they were ‘very satisfied’ and safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns.

Staffs comments during inspection:

- “The on-going training is very good, we ask for training on additional subjects to learn about a particular medical condition affecting a service user.”
- “We have built relationships with our service users, this is key as it allows them to trust us so they can confide in us if have any worries or problems.”

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, induction, training, adult safeguarding and management of risks.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

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

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. Two care and support plans were reviewed by the inspector which had a strong person centred focus, were up to date, and clearly detailed the service users’ needs and how they wished these to be met. The files contained records of the care and support provided and evidenced the views and choices of the service users.

Service users are supported to participate in regular reviews involving their HSC Trust keyworker. The manager described how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care and support plans which are reviewed at agreed intervals or as required.

The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing complex situations involving the well-being and safety of service users.

It was clear from discussions and observations that the staffs on duty have an excellent knowledge of the service users' needs.

The service users have lived at Greystone Support Centre for a number of years and it was clear from observed interactions that the staff have a good understanding of the service users' differing modes of communication; both in terms of their verbal and non-verbal communication needs such as hand gestures and sign language. Records viewed confirmed that staff have been supporting the service users to increase their independence; for example supported a service user to wear warm clothing before going out to buy magazine at the local shop.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. Tenants meetings minutes were reviewed during inspection and areas of discussion included:

- events planning
- maintenance matters
- staffing updates
- reminder on how to keep safe.

These meetings provide ongoing opportunities to discuss key service user matters and to review matters arising regularly.

Service users commented during inspection:

- "I enjoy having my own place to myself."
- "I have a keyworker who I can talk to about anything, and he will sort them out."
- "I go to work some days, I made Christmas wreaths and do woodwork there. I enjoy working with flowers and preparing hanging baskets."

The returned questionnaires from service users indicated that they were 'very satisfied' and an effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations

Staff comments during inspection:

- "We have built up trust and relationships with our service users, some over many years, and I feel this is key to my job satisfaction."
- "I love seeing our service users having their choices respected."
- "They get to live full lives."

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to communication between service users, staff and other relevant stakeholders and the monitoring of the quality of the services provided.



## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Service users are given choice regarding activities and support with activities such as meal planning and food preparation, and the staff were knowledgeable as to the type of activities they like to do and the support required. For example, a service user was supported and encouraged to follow their eating plan developed with the speech and language therapist. The inspector observed a service user being supported to mobilise safely when preparing to go outside.

The inspector viewed evidence of effective communication with service users and their representatives, including quality monitoring reports, and regular support plan reviews between keyworker, service users and relatives.

Compliments from a service user's/ representative and other professionals reviewed during inspection provided the following example in support of compassionate care:

- 'Compliments to the staff who look after and support xxx, I think everything is 'honky dory' and xxx is happy living there and well settled.' (Telephone call from family of a service user).
- 'Thank you to my keyworker; I appreciate her helping me with the Christmas shopping'. (Service user compliment to a member of staff).
- 'Thank you to June for cooking the lunch for us all, we had a lovely day'. (Service users joint thanks to a member of staff for cooking their meal at Christmas).
- 'I was very pleased with the support provided to xxx, who is well settled and there are no barriers to their involvement at all. I was impressed that all paperwork was appropriately completed in advance of the recent review meeting.' (Feedback from service user's social worker).
- 'The standard of care is excellent, staff work together and communication between professionals is very good.' (Verbal feedback from a community nurse regarding a service user).

The returned questionnaires from service users indicated that they felt 'very satisfied' and that compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

One comment from a service user noted on their survey stated:

- 'I was helped when I fractured my hip twice in 2 years. Staff were always there for me and their support has been great for me.'

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing service users and their representatives.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by the organisation have been implemented at the agency.

The agency's Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. The day to day operation of the agency is overseen by a manager, a deputy manager, six residential care workers, a team of support workers and part time domestic staff.

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily.

The agency maintains variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey. The inspector noted the feedback received by the agency following their annual satisfaction survey in autumn 2018 was very positive. A summary report had been shared with service users, staff and the HSC Trust in January 2018.

Monthly monitoring reports were viewed for October to December 2018. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by an area manager who has a good working knowledge of the service.

Each report contained a summary of service user, relatives and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The records included details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation, finance and training.

The agency maintains and implements a policy relating to complaints. The inspector noted a number of complaints had been received since the last inspection. Records viewed of a sample of complaints confirmed each matter had been appropriately managed and where possible resolved. The majority of complaints had been in relation to one service user who has been provided with support of the multi-disciplinary team.

A review of incident reports documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures. There were no incidents that needed to be notified to RQIA since the last inspection.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. This was acknowledged during the observations of service user and staff interactions during the inspection.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed. Staff were able to discuss the ways in which their development and training enables them to engage with a diverse range of service users.

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

- effective communication
- service user involvement
- safeguarding
- advocacy
- human rights
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

The agency's commitment to equality and individual person centred care is an area of positive practice and is to be commended.

The returned questionnaires from service users indicated that they felt 'very satisfied' that the service was well led and meant:

- You know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service.

Staff commented during inspection:

- "I believe we have a great team here, all work well together."
- "We have good support from the manager and seniors, who are all approachable and we can get advice and support 24 hours a day."

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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