

Unannounced Care Inspection Report 23 March 2017



Greystone Support Centre

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Greystone Support Centre took place on 23 March 2017 from 09.30 to 16.00 hours.

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

Is care safe?

During the inspection the inspector found evidence to indicate the delivery of safe care. Examination of the staffing arrangements showed that the agency maintains a provision of appropriately trained and supervised staff who understand the needs of service users. Staff provided feedback that managers are approachable and accessible for consultation at all times. The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. The arrangements for the provision of care and support include appropriate involvement of service users, the Health and Social Care Trust (HSC Trust) and relatives. The inspector found evidence of positive outcomes for service users through a process of person centred assessment, and review of needs, preferences, and risks. No areas for quality improvement were identified.

Is care effective?

During the inspection the agency was found to be delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users are closely involved in the development of care and support plans which are appropriately reviewed. The agency maintains effective communication with service users and key stakeholders. The quality monitoring arrangements include consultations with service users, their representatives and relevant HSC Trust professionals, and provide a thorough system of audit and service improvement. The inspector received feedback from service users and staff, which indicated that service provision, had resulted in positive outcomes for service users' lives. No areas for quality improvement were identified.

Is care compassionate?

During the inspection the agency was found to be delivering a high standard of person centred, compassionate care. The inspector observed interactions between staff and service users and received feedback from service users which indicated that the human rights, choice and respect of service users are upheld through service delivery. There was evidence which indicated that the views and wishes of service users are consistently sought by staff on a day to day basis, in addition to formal processes such as monthly quality monitoring and the annual service user survey. The agency maintains systems to seek the views of service users and there was evidence of regular involvement of representatives as appropriate. The inspector noted that the provision of a high standard of compassionate care has enabled service users to enhance the quality of their lives. No areas for quality improvement were identified.

Is the service well led?

During the inspection evidence confirmed delivery of a well led service. Management and governance systems are in place and implemented by the agency to ensure that the needs of

service users are met and quality improvement systems are maintained. Support staffs are aware of their roles, responsibilities and accountability systems within the organisational structure. It was noted that staff have access to a manager who has knowledge of the needs of service users at all times. The inspector noted evidence of effective team working to the benefit of service users. Constructive working relationships with key stakeholders, including relatives and the HSC Trust, have contributed to positive outcomes achieved with service users. No areas for quality improvement were identified.

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

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with the registered manager, Lisa Cathcart, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 30 January 2017.

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust/Martin Joseph Dillon	Registered manager: Lisa-Jane Cathcart
Person in charge of the service at the time of inspection: Lisa-Jane Cathcart	Date manager registered: 2 September 2010

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA

During the inspection process the inspector spoke with the registered manager, Lisa Cathcart; two senior care and support workers; a community support worker; a Health and Social Care Trust social worker; a Health and Social Care Trust speech and language therapist; and two service users. During the inspection the inspector observed the interactions of staff with service users.

Service users' comments:

- 'I am very happy living here.'
- 'I get to make my own decisions about my day, which is great.'

Staff comments:

- 'This work is so rewarding; I get great job satisfaction from helping the service users enjoy living full lives.'
- 'I believe we provide great support to our service users, who get a chance to live full lives with choices like everyone else.'

Professionals' comments:

- 'Communication to/from the staff regarding service users changing needs is very good. They are very quick to identify issues with individual service users' needs.'
- 'This is an excellent service, well organised and always prepared for care review meetings. Their communication skills ensure we are all up to date with each service user's situation.'

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/representatives; three were returned. Feedback received from questionnaires is included throughout this report.

The following records were examined during the inspection:

- Statement of Purpose
- Service User Guide
- Four care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care records
- Tenants meeting minutes
- Monthly monitoring reports
- Service user annual evaluation survey records
- Staff meeting minutes
- Records relating to staff training, including induction training
- Records relating to staff supervision and appraisals
- Complaints log
- Compliments records
- Incident records
- Records relating to safeguarding of adults
- Staff communication records
- Staff Recruitment Policy and records
- A range of policies relating to the management of staff

4.0 The inspection

Greystone Support Centre is a supported living type domiciliary care agency which is run by Belfast 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.

4.1 Review of requirements and recommendations from the last care inspection dated 16 June 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14 (b) (d) Stated: First time	14. 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— (b) so as to safeguard service users against abuse or neglect; (d) so as to ensure the safety and security of service users' property, including their homes The registered person must ensure that the agency follows the financial support policy in relation to the separate storage of pin numbers and financial documentation, including bank cards.	Met
	Action taken as confirmed during the inspection: Records evidenced that the agency had fully implemented a system to ensure their financial support policy is being followed regarding security of bank card financial details.	
Requirement 2 Ref: Regulation 3 (b) (c) Stated: Second time	3)The registered person shall- (b) keep the service user plan under review; (c) where appropriate, and after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, revise the service user plan; The registered person must ensure that service user plans, including risk assessments, are kept under review. This review must be reflected in	Met

	<p>service user plans.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed records were in place that evidenced service user care and support reviews and risk assessments had been completed on a regular basis, in line with their policy and procedure timescales.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 16 (4)</p> <p>Stated: First time</p>	<p>(4) The registered person shall ensure that each employee receives appropriate supervision.</p> <p>The registered person must ensure that each employee receives appropriate supervision as stated in the agency policy.</p> <p>The registered must ensure that RQIA receives a written report on progress made with this requirement by 16 September 2015.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that a schedule had been developed to ensure each member of staff received appropriate supervision. RQIA had received written confirmation that all staff had received supervision in line with their policy timescale.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 5 (1)</p> <p>Stated: First time</p>	<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>The statement of purpose should be reviewed to include an explanation of what restrictions could be expected to be implemented in practice and how this could impact on others.</p> <p>A copy of the amended statement of purpose should be forwarded to RQIA by 16 September 2015.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed the Statement of Purpose had been amended and forwarded to RQIA as requested. The content of their revised document was reviewed and found to be satisfactory.</p>	<p>Met</p>

4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector.

The agency has in place a recruitment policy; the organisation has a dedicated human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks.

Feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users, including the provision of one to one time at home or in the community. Records from the organisations human resources department confirmed the required pre-employment checks had been completed for staff. The inspector noted that vacant shifts could not always be covered by the current staff team. The registered manager confirmed that there has been a need for the use of employment agency staff. However, the use of employment agency staff has been limited to a small core of staff to meet their service users' needs. The inspector found evidence that the agency recognises the importance of staffing arrangements that maximise the provision of familiar staff to service users.

It was noted that the agency has an induction procedure in place. The induction programme for support workers was viewed, which includes a detailed induction programme and support mechanisms in place for both permanently appointed staff and employment agency staff. The registered manager discussed the agency's procedure for use of staff supplied by an employment agency with the inspector which was satisfactory.

Staff confirmed they have access to the organisations policies, procedures, and guidance. Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The organisation has a system of requiring staff to

complete competency assessments subsequent to key training events to ensure that learning objectives have been met, and to identify future learning needs.

The inspector received feedback from the registered manager and staff, which indicated that the agency is committed to the ongoing development of staff through the provision of quality training. The records confirmed that staff have attended training specific to the needs of individual service users, such as challenging behaviour management and dementia awareness training. Staff provided very positive feedback regarding the quality and relevance of this training.

Staff commented:

- 'The training I have received is excellent, with subjects relevant to our service users' specific needs; this was very helpful.'
- 'We can ask for any extra training subjects that may be helpful to allow us to support the service users and to carry out our role effectively.'

Examination of records indicated that a schedule had been developed to ensure each member of staff received appropriate supervision and appraisals in accordance with the agency's policy. Staff feedback and the examination of records relating to supervision and appraisals confirmed that staffs receive these in line with their policy and procedure. Staff described how they can access informal supervision or consultation with a senior member of staff at any time if required.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) in accordance with 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'. The inspector received feedback from staff and examined documentation which indicated that safeguarding training provided by the agency includes the updated regional guidance.

The inspector examined documentation relating to safeguarding referrals made to the HSC Trust safeguarding team and discussed the agency's implementation of appropriate support plans. Staff provided feedback regarding partnership working with the HSC Trust multidisciplinary teams, including amendment of support plans and review of the process. Staff commented that they had felt listened to by the HSC Trust professionals.

Assessments of need and risk assessments examined by the inspector reflect the views of service users. Assessments of need and risk assessments are reflected in their care and support plan documentation.

Agency staff provided feedback which indicated that they had a clear understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users. It was evident from discussion with staff and review of records in respect of service users, that the agency is open to person centred positive risk taking and is able to work collaboratively with professionals to maximise independence of service users and manage potential risk.

The records reviewed evidenced service user care and support plans and risk assessments had been reviewed on a regular basis in line with their policy and procedure timescales. The agency has a process of reviewing care and support plans monthly with service users, with at

least a yearly review including a community worker from the HSC 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.

During the inspection the inspector was able to observe staff communicate effectively with service users whilst they were going about daily activities.

The inspector was able to speak to two service users who expressed their satisfaction with the service received. These service users confirmed that they were very happy with the level of support received from the staff team. Service users described support received as very positive in enabling them to live independently.

Service user comments made during inspection:

- 'Staff are very good.'
- 'I feel safe in my flat.'

Of questionnaires returned by staff, all indicated they were 'very satisfied' or 'satisfied' that care was safe. The questionnaires returned by service users/relatives indicated that they were 'very satisfied' that care and support was safe.

Areas for improvement

No areas for improvement were identified during the inspection.

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

4.3 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose and Service User Guide.

The inspector reviewed four service users' care and support plans. Examination of these care and support plans indicated that information from relevant assessments are incorporated accurately into care and support plans. Feedback received by the inspector from staff indicated that service users have a genuine influence on the content of their care and support plans.

Care and support plans reviewed by the inspector had a strong person centred focus, were up to date, and clearly detailed service users' needs and how they wished these to be met. Service users and staff provided feedback to the inspector which indicated that the provision of care and support by the agency had resulted in positive outcomes for service users.

Comments made by service users during inspection:

- 'I get good support from any of the staff but have my own keyworker that I can talk to if I need anything.'
- 'Staff help me to make choices about my day and I enjoy getting out and about.'

The agency has maintained a quality monitoring system to oversee, audit and review the effectiveness and quality of care and support delivered to service users. Monthly quality monitoring is undertaken by a designated HSC Trust manager who has a good working knowledge of the service. Quality monitoring reports included consultation with a range of service users, relatives, and staff and as appropriate HSC Trust professionals; and progress on improvement matters.

The inspector viewed evidence of effective communication with service users and their representatives, including a complaints process, tenants meetings, quality monitoring reports, and monthly support plan reviews between keyworkers and service users.

During the inspection the inspector observed staff interactions with service users and noted that the service users appeared to enjoy positive relationships with staff; chatting and laughter from the kitchen area was observed during the day. In addition to formal methods, discussion with service users and staff indicated that effective communication happens on a routine basis as staff interact with service users and make themselves available for discussion. Staff described how they have learnt to communicate effectively with service users who have particular communication needs, for example by the use of sign language and visual aids.

The inspector spoke to a visiting HSC Trust speech and language therapist on the day of inspection, who indicated that during her regular visits to service users has found staff to be extremely supportive to service users and embarrassed all opportunities to improve their communication skills and knowledge.

The agency maintains communication systems to ensure that staffs receive information relevant to the care and support of service users. Staff described effective verbal and written communication systems within the agency at handovers. It was noted that staff meeting minutes recorded the discussion of information regarding service users and a range of relevant issues including guidance provided by HSC Trust professionals. Staff provided feedback to the inspector that they can contribute to the staff meeting agenda and feel that their views are heard.

Of questionnaires returned by staff, all indicated they were 'very satisfied' or 'satisfied' that care was effective. The questionnaires returned by service users/relatives indicated that they were 'very satisfied' that care and support was effective.

Areas for improvement

No areas for improvement were identified during the inspection.

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

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. 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.

Discussion with staff and observation of their interactions with service users during the inspection showed that staff understand and respect the needs and wishes of service users.

The inspector observed that the language and behaviour of staff promoted the independence and choice of the service users throughout their interactions.

Feedback from staff indicated that they have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that staff have made particular efforts to facilitate service users to achieve goals and do activities of their choice. It was evident from discussion with service users and staff that the agency promotes the independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support. Throughout conversations with service users the inspector found that they are involved in making plans for future activities such as holidays, leisure activities, and attending events.

The inspector noted that service users' care plans were person centred, specific to the individual, which reflected service users' wishes or needs. The likes and dislikes of each service user were noted in detail in their file, alongside information about preferred means of communication and delivery of care and support.

Service users' comments:

- 'I can ask for extra help when I need it.'
- 'Staff are very good to me and helpful.'

During the inspection the inspector noted examples of how service user choices were being upheld by staff. For example, service users' preferences of whether or not to meet the inspector were fully respected.

The inspector reviewed examples of information provided to service users, such as how to make a complaint, human rights information, and how to stay safe. The documents were displayed in an easy to read pictorial format in various locations within one of the houses' communal area and within individual service user files.

Questionnaires returned by staff, all indicated they were 'very satisfied' that care was compassionate. The questionnaires returned by service users/relatives indicated that they were 'very satisfied' or 'satisfied' that care was compassionate.

Areas for improvement

No areas for improvement were identified during the inspection.

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

4.5 Is the service well led?

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 day to day operation of the agency is overseen by a registered manager, supported by a deputy manager, senior care and support workers and a team of community support workers.

The management structure of the agency is clearly defined and was well understood by staff.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which includes appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and matters notifiable to RQIA; and service improvement strategies implemented by the senior management team.

The agency operates a robust training system and the organisation has a training department, who develop the training plan and timetable for all grades of staff and are available for consultation with staff on training and safeguarding issues.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. 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 and implements a policy relating to complaints and compliments. The inspector reviewed the complaints log for the reporting period of 1 April 2015 to inspection date 23 March 2017. The inspector reviewed a sample of three complaints records and found each had been appropriately managed and, where possible, resolved.

All of the service users interviewed confirmed that they are aware of whom they could contact if they had any concerns regarding the service.

The inspector reviewed the log of compliments received during the past year which included:

- 'Thank you to staff for the continued care and support I receive.' (Thank you cake handed in weekly from a service user).

The inspector discussed with the registered manager the current system of recording compliments received regarding the service. It was noted that these are not being consistently logged on their existing forms. The registered manager provided an assurance that the recording of compliments would be appropriately addressed with her team.

The inspector examined the annual quality review report for 2016, which contained a wide variety of information including reference to views of service users. This report had been shared with service users in June 2016. The registered manager confirmed that service user satisfaction surveys feedback had been shared with them during tenants meetings or during one to one review meetings. The summary of the surveys' findings was reviewed and contained very positive feedback.

The inspector noted that the agency had received positive feedback through the quality monitoring reports from HSC Trust professionals regarding the ability of the agency staff to work in partnership to meet the needs of service users. It was evident to the inspector that effective partnership working with other professionals has resulted in positive outcomes for service users. The inspector spoke to a visiting HSC Trust social worker on the day of inspection, who indicated that the service was providing excellent support to her clients. She explained that effective communication is maintained between the agency and herself/colleagues. She confirmed that the staffs are always well prepared for any review meetings planned, even at short notice.

Comments made by service users during inspection:

- 'The staff are very good to me, I feel well supported and enjoy my work and living in Antrim.'
- 'I enjoy shopping and am supported to buy food and cook what I like; my favourite meal is spaghetti. I am thinking about my summer holiday plans today.'

Questionnaires returned by staff indicated they all were 'very satisfied' that the service was well led. The questionnaires returned by service users/relatives indicated that they were 'very satisfied' or 'satisfied' that the service is well led.

Areas for improvement

No areas for improvement were identified during the inspection.

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

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews