

**Unannounced Care Inspection
of
Greystone Support Centre**

16 June 2015

1. Summary of Inspection

An unannounced care inspection took place on 16 June 2015 from 09.30 to 16.30. 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	4	0

The details of the QIP within this report were discussed with Lisa-Jane Cathcart registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Martin Dillon	Registered Manager: Lisa-Jane Cathcart
Person in charge of the agency at the time of Inspection: Lisa-Jane Cathcart	Date Manager Registered: 02/09/2010
Number of service users in receipt of a service on the day of Inspection: 20	

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 three service users, the registered manager, seven staff, two community professionals and two relatives.

Staff questionnaires were left at the agency for completion, eight were 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 staff would be taken seriously if they were to raise a concern
- that the induction process had prepared them adequately for their role.

Seven questionnaires indicated that staff were either satisfied or very satisfied:

- that an appropriate number of suitably skilled and experienced persons are available to meet the needs of service users

Comments included:

‘Service users live in their own environment, their lifestyle choices and views are always taken into account.’

Questionnaires asking service users’ views on the care they receive were provided; one was returned.

The service user was 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

The following records were examined during the inspection:

- Care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Minutes of service users' meetings
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Staff meeting minutes
- 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
- Finance documents
- Finance policy.

5 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 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.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the Greystone Support Centre was an unannounced secondary care inspection dated 31 October 2014. The previous primary announced care inspection took place on 31 May 2013. The completed QIPs were returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last 2 Care Inspection

31 May 2013

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: 14 (b) (d) 15 (d)	<p>The registered person must ensure that the procedure for handling bank cards is developed to include separate storage of the PIN number and bank card. The updated policy for supporting service users with their finances must be forwarded to RQIA by the 31 August 2013.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the updated financial support policy which had been updated to state that bank cards and pin numbers should be stored separately.</p> <p>The inspector viewed the contents of the safe and noted that in practice the agency was not following the financial support policy regarding the storage of pin numbers and bank cards. A requirement has been made.</p> <p>Subsequent to the inspection, the registered manager provided written assurance that corrective action had been taken, in line with the financial policy.</p>	
Requirement 2 Ref: 23 (2) (b)	<p>The registered person must ensure that service users' consent for the quality monitoring officer to visit them in their home is recorded to increase the amount of service user feedback in the monthly quality monitoring report.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector saw evidence that a form had been completed by service users and placed in their file, consenting for visits from the quality monitoring officer.</p>	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: 3.3	It is recommended that the registered person ensures that support plans include a timetable specifying the approximate times of calls and tasks to completed, including a breakdown of which tasks are for personal care and which tasks are for support.	Met
	Action taken as confirmed during the inspection: The inspector viewed care and support plans which indicated what assistance the service user required and the approximate time this was needed.	
Recommendation 2 Ref: 6.1	It is recommended that registered person requests that the referring HSC Trust responsible for the service user's care plan reviews the service user's needs annually or more frequently if required.	Met
	Action taken as confirmed during the inspection: The inspector viewed documentation and discussed annual review arrangements with the registered manager. The registered manager confirmed that reviews can be arranged more frequently if required.	
Recommendation 3 Ref: 2.1	It is recommended that the registered person ensures that service users are provided with information in an accessible format in relation to their human rights.	Met
	Action taken as confirmed during the inspection: The inspector viewed human rights information in a suitable format which has been provided to service users.	

Recommendation 4 Ref: 3.3	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plans.	Met
	Action taken as confirmed during the inspection: The inspector observed that human rights have been explicitly outlined on care and support plans.	
Recommendation 5 Ref: 8.12	It is recommended that the registered person ensures that a report evaluating the quality of services provided is completed on an annual basis	Met
	Action taken as confirmed during the inspection: The registered manager provided a copy of an annual report of quality monitoring.	

31 October 2014

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: 15.-(3)(b)(c)	(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; This requirement relates to the registered person ensuring that individual service user care and support plans are regularly reviewed and updated.	Partially Met
	Action taken as confirmed during the inspection: The inspector viewed a range of care and support plans which showed evidence of review and updating. The inspector noted that a number of plans had not been updated, although reviews had taken place. It was noted that these plans did not require a change, however it was not noted on the plan that a review had taken place.	

	<p>The inspector noted that a number of risk assessments had not been reviewed and updated. These service users plans had been reviewed in conjunction with the HSC Trust. The review and update was not noted on the service users' risk assessments.</p> <p>The registered manager advised that not all files had been updated due to staff absence. The registered manager advised that appropriate updating is now ongoing.</p>	
Requirement 2 Ref: 21.-(1)(a)	<p>The registered person shall ensure that 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 service user care records are accurately recorded and reflective of the care and support provided. Records should clearly record the service users name, the date and time of the recording and signed by the staff member completing the record.</p> <p>Action taken as confirmed during the inspection: The inspector examined documentation which demonstrated that the requirement has been met.</p>	<p>Met</p>
Requirement 3 Ref: 14.(a)(b)(e)	<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>(a) so as to ensure the safety and well-being of service users;</p> <p>(b) so as to safeguard service users against abuse or neglect</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them;</p> <p>This requirement relates to the registered person ensuring that relevant risk assessments and</p>	<p>Met</p>

	behavioural support plans are completed and a record retained.	
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector noted that documentation showed reviews had taken place with the Trust but updated outcomes were not always recorded on the agency risk assessment. The agency has liaised with the specialist professional in the HSC Trust regarding behaviour support as appropriate. The inspector judged that overall this requirement had been met. A separate requirement has been made regarding updating of records.</p>	

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 seen by the inspector, including those supplied on a temporary basis. The registered manager discussed the agency's processes to ensure that domiciliary care workers supplied are physically and mentally fit for the purposes of work.

The agency has a structured induction programme which includes a corporate induction over two days, and a period of up to four weeks induction on site. The agency maintains a record of the induction provided to all staff. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

The registered manager explained that the agency uses a regular pool of bank staff who are employed in other services in the agency to cover vacant shifts where possible; this was verified by staff. The registered manager discussed the agency's procedures for use of staff supplied by a domiciliary care employment agency and showed the inspector documentation relating to this. The agency has devised an induction for staff working at short notice.

The agency has a policy and procedure in place for staff supervision and appraisal which details frequency. The inspector noted that records indicated some staff had not received supervision within the frequency stated in the policy. A requirement has been made regarding this.

Staff described how they can access informal supervision or consultation with a senior member of staff at any time if required.

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

Is Care Effective?

Discussions with the registered manager and staff indicated that an appropriate number of skilled and experienced persons are available at all times to meet the assessed needs of service users. The registered manager and staff indicated that the agency had not been able to facilitate service users availing of social outings as often as usual due to staff absence levels. Examination of staff rotas reflected staffing levels described by the registered manager and staff.

During the inspection the inspector observed appropriately skilled staff responding to service users' needs. The inspector noted that a number of staff have worked with the agency for a period of years.

The inspector viewed a range of documentation which showed how staff are provided with a clear outline of their roles and responsibilities. Staff who took part in the inspection were clear about what the agency expected of them and could describe effective methods of communication within the agency.

Staff feedback indicated that the induction programme is effective in preparing new staff for their role. The registered manager discussed the agency's process of evaluating the effectiveness of staff induction through supervision, observation, feedback from staff and service users. The registered manager discussed how the agency is in the process of developing an induction evaluation tool for the use of new staff.

Discussion with staff showed that the agency has a process in place to identify and respond to training needs. Staff reported that the agency responds to their requests for additional training.

Supervision and appraisal is currently provided by the registered manager and team leaders who are appropriately trained for the role. Staff who took part in the inspection described receiving supervision and appraisal in line with the agency's policy. The inspector noted that records indicated that some staff have not received supervision in line with agency policy; a requirement has been made about this.

Staff were aware of the whistleblowing policy and knew how to raise concerns.

Service users' comments

'If I need help the staff help.'

'They look after me well.'

Relatives' comments

'**** gets full care and attention.'

Professionals' comments

'It's a very good service.'

'The staff are very good.'

'The staff are very experienced.'

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

Is Care Compassionate?

The agency maintains a range of methods to record the views of service users and representatives. Staff and service users who took part in the inspection describe how the agency prepares service users for changes in staffing arrangements.

Feedback from the registered manager and staff indicated that the agency has endeavoured to maintain continuity of care to service users during periods of staff absence.

Induction records seen by the inspector showed 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 have appropriate knowledge and skills to carry out their roles and responsibilities; this was supported by feedback from relatives and professionals. Staff described an induction process which is implemented in a manner which takes into account the consent, privacy and dignity of service users.

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

Service users' comments

'Staff are really good to me.'
'I really appreciate staff helping me.'

Relatives' comments

'It's brilliant, 100%.'
'The staff are great, **** loves it.'

Professionals' comments

'The staff have been patient and understanding in getting to know (the service user).'

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

Areas for Improvement

Number of Requirements:	1	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

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 seen by the inspector reflected the views of service users and/or their representatives. The inspector reviewed a range of care and support plans devised with service users which reflected assessments of need and risk assessment.

There was evidence of positive risk taking in collaboration with the service users and/or their representatives. Agency staff understood the concept of positive risk taking and provided examples of risk taking where service users were supported by staff to maintain or promote independence and choice.

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

Is Care Effective?

Records of reviews showed that care is regularly evaluated and reviewed. 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 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, included the service users' views throughout, and showed evidence of updating.

The agency has processes in place to ascertain and respond to the views of service users and their representatives, including monthly reviews with service users, tenants' meetings, annual survey and the monthly monitoring reports. The agency has developed a more accessible guide to making complaints in response to feedback from service users.

Service users have been provided with information relating to human rights and advocacy in a suitable format. The registered manager described how a number of service users had used advocacy services.

Service users' comments

'I could speak to Lisa (registered manager) if there's a problem.'

Relatives' comments

'The key worker always asks if the family are happy.'

Professionals' comments

'The lines of communication are very good.'

'There is a good working relationship.'

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

Is Care Compassionate?

In the course of inspection the inspector observed staff responding to service user's needs in an individualised manner. 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. A relative commented, 'Staff involve **** (service user) constantly.'

Relatives, professionals and service users described how service users could make choices within the resources available to them. A relative commented, 'There is great choice, **** will do what they want.'

The agency could demonstrate that the service users' views, capacity and consent have been taken into account in service delivery; this was observed directly by the inspector during the inspection. The agency was able to demonstrate ongoing promotion of human rights and the values underpinning the Minimum Standards.

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

Service users' comments

'I can talk to staff.'

'It's lovely here.'

'They're really good to me.'

Relatives' comments

'I can contact staff.'

Professionals' comments

'**** seems very happy and settled, **** likes the freedom along with the support.'

'They (the agency) are flexible about attending to service users' needs.'

'The staff have been very proactive in supporting ****. This has made a huge difference to (the service user's) mental health.'

Areas for Improvement

Number of Requirements:	0	Number of Recommendations:	0
-------------------------	---	----------------------------	---

5.5 Additional Areas Examined

Statement of Purpose

The inspector noted that the statement of purpose does not include appropriate reference to restrictive practices. A requirement has been made regarding this.

Complaints

Records of eight complaints made from 1 January 2014 - 31 March 2015 were examined.

The complaints records examined by the inspector had been satisfactorily investigated and documented.

Safeguarding issues

Records of a possible safeguarding referral were discussed with the registered manager. The registered manager has liaised appropriately with the HSC Trust.

6 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Lisa-Jane Cathcart registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to Supportedliving.services@rqia.org.uk and assessed by the inspector.

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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 14 (b) (d)</p> <p>Stated: First time</p> <p>To be Completed by: 16 September 2015</p>	<p>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—</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>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.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: PIN numbers have now been removed from the facility safe where the bank cards are stored for two service users who lack financial capacity. The PIN numbers are now stored in a separate locked cash tin within a locked cupboard as per the Belfast H&SC Community Learning Disability Financial Support Policy. The shift leader holds both of these keys.</p>
<p>Requirement 2</p> <p>Ref: Regulation 3 (b) (c)</p> <p>Stated: Second time</p> <p>To be Completed by: 16 September 2015</p>	<p>(3)The registered person shall-</p> <p>(b) keep the service user plan under review;</p> <p>(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;</p> <p>The registered person must ensure that service user plans, including risk assessments, are kept under review. This review must be reflected in service user plans.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All service users care and support and risk assessments have been reviewed at the annual reviews held between January and March 2015. Records of the annual reviews are held in the service users care and support plan. This outcomes of the review are reflected in the service users support plan.</p>
<p>Requirement 3</p>	<p>(4) The registered person shall ensure that each employee receives</p>

Ref: Regulation 16 (4) Stated: First time To be Completed by: 16 September 2015	appropriate supervision. The registered person must ensure that each employee receives appropriate supervision as stated in the agency policy. The registered must ensure that RQIA receives a written report on progress made with this requirement by 16 September 2015.		
	Response by Registered Person(s) Detailing the Actions Taken: Supervision for all staff is now up to date. Three staff remain on sick leave and will have supervision arranged on their return. A full report detailing progress made will be sent to RQIA before the 16 th September 2015.		
Requirement 4 Ref: Regulation 5 (1) Stated: First time To be Completed by: 16 September 2015	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. 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. A copy of the amended statement of purpose should forwarded to RQIA by 16 September 2015.		
	Response by Registered Person(s) Detailing the Actions Taken: The updated statement of purpose has been circulated to service users. A copy was sent to the RQIA on the 2 nd July 2015.		
Registered Manager	Lisa Cathcart	Date Completed	02/07/15
Registered Person	Martin Dillon	Date Approved	06/07/15
RQIA Inspector Assessing Response	Rhonda Simms	Date Approved	21/08/2015

Please ensure the QIP is completed 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.