

Announced Care Inspection Report 22 March 2018



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

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 16 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

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: 02 September 2010

4.0 Inspection summary

An announced inspection took place on 22 March 2018 from 09.30 to 14.30 hours.

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

The inspection sought 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 throughout the inspection in relation to recruitment practices, staff development, adult safeguarding and risk management. The care records were well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place. A number of areas of good practice were commended by the inspector and are reflected in the main body of the report.

No areas for improvement were identified during this inspection.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the 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 23 March 2017

No further actions were required to be taken following the most recent inspection on 23 March 2017.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received.

During the inspection process the inspector spoke with the manager, three staff, three service users and two relatives. Questionnaires were also provided for distribution to the service users and/or their representatives. Seven responses were received.

The following records were examined during the inspection:

- recruitment checklist
- statement of staff' physical and mental health fitness
- staff induction and training records
- supervision and appraisal planner
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- one service user care record
- incident records
- records relating to potential adult safeguarding incidents
- staff' meeting' minutes
- complaints and compliments records
- monthly quality monitoring reports
- the Statement of Purpose
- the Service User Guide.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 March 2017

The most recent inspection of the agency was an unannounced care inspection. There were no areas for improvement made as a result of the inspection.

6.2 Review of areas for improvement from the last care inspection dated 23 March 2017

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.

The agency's registered premises are located at 199 Donore Crescent, Antrim and were suitable for the purposes of the agency.

At the time of the inspection, the agency was being managed by the manager, with the support of a deputy manager, senior carers and a team of carers. All those consulted with stated that the required staffing levels were consistently adhered to. The agency's staffing arrangements were discussed and the inspector was advised that there were currently two staff vacancies. These vacancies were being filled by bank staff or staff from other domiciliary care agencies. The inspector found that staffing arrangements maximise the provision of familiar staff to service users.

The organisation has a dedicated human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks. Records viewed and discussions with the manager indicated that all pre-employment information has been satisfactorily completed and verified. The records sampled also contained a statement from the manager that new employees were mentally and physically fit for work.

There was a system in place to monitor the registration status of staff in accordance with NISCC. The manager discussed the system in place to identify when the staff are due to renew registration.

The staff had received a structured induction programme in line with the timescales outlined within the Regulations. There were systems in place to monitor staff performance and to ensure that they received support and guidance. This included mentoring through formal supervision meetings, competency and capability assessments and completion of annual appraisals. These areas were monitored by the management team as part of their quality monitoring processes.

Discussion with staff and a review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date. Additional training had been provided in areas such as dementia, mental health awareness, swallowing difficulties, equality training and Management of Actual and Potential Aggression (MAPA). The inspector also noted that the staff had received training on keeping information safe in preparation for the implementation of the General Data Protection Regulations.

Staff spoken with were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding and how they should report any concerns that they had. One staff member described to the inspector, ways in which the service users were informed about the different types of abuse. This was presented to the service users, by way of examples of daily situations, that were relevant to the service users' experiences. This is good practice and is commended.

Discussion with the manager and a review of records evidenced that any safeguarding incidents had been managed appropriately. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the Director of Adult, Social and Primary Care within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

A review of the accident and incident records confirmed that they were managed appropriately and were notified to the HSC Trust in keeping with local protocols. Discussion with the manager and a review of the electronic information system, identified that there was good management oversight of incidents which occurred within the agency. It was evident, that where patterns or trends were identified, the training needs of staff were identified and provided, to reduce recurrence. This is good practice and is commended.

During the inspection 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

The inspector examined one service users' care record and found this to be very detailed, personalised and reflective of the individuals' preferences. A range of person centred tools had been developed by the organisation to effectively support the service users.

Care reviews with the HSC Trusts were noted to be held annually or as required. Discussion with the manager indicated that care and support plans were updated to reflect changes agreed at the review meetings.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, relatives, staff and as appropriate HSC Trust representatives.

It was clear from discussions with service users and relatives that the staff had a good knowledge of the service users' needs and preferences; and how they worked with the service users to minimise any challenging behaviours.

During the inspection the inspector was able to observe a number of service users communicate effectively with staff and were fully involved in day to day decisions and routines. The staff were using language and behaving in a manner which encouraged each service user to make their own choices.

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required. Staff meeting' minutes reflected that there was effective communication between all grades of staff and this was supported by staff spoken with during inspection. Relatives spoken with also indicated that there was appropriate communication and that they had good working relationships with the staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 the service users with dignity and respect; and to fully involve them/their representatives in decisions affecting their care and support. The culture and ethos of care was found to promote dignity, respect, independence, rights, equality and diversity. This was reflected through the staff attitudes and the delivery of the service.

The staff had a good knowledge of the needs of the service users. The review of the care records identified that the service users had information within their records that outlined their life histories, family and community relationship networks.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. The manager discussed various activities including shopping, bingo, ten-pin bowling, cinema, pool competitions, football matches, day and overnight trips. The service users were encouraged to be involved in tasks, such as menu planning and doing their own shopping.

The agency maintained a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring reports which specifically ascertained and included the views of the service users and their representatives.

Discussion with the manager confirmed that there were systems in place to obtain the views of service users, their representatives and staff on the quality of the service provided. An annual quality audit had been undertaken in 2017; views and comments recorded were analysed and areas for improvement had been acted upon.

Discussion with the manager and staff identified that the service users were encouraged to raise any concerns they may have. A review of the compliments records identified that the service users and their representatives were very satisfied with the care and support provided.

During the inspection, the inspector spoke with three service users, who appeared relaxed and happy with the staff member who accompanied them. The inspector also spoke with three staff and two relatives. Some comments received are detailed below:

Service Users

- “I have no complaints.”
- “This is the best place I have ever heard of or even been in.”

Staff

- “This is a place that you can give a good life to people with a learning disability.”
- “I would have no qualms about recommending Greystone to any of my own family members.”
- “It is a very pleasant environment to work in, very helpful staff.”

Representatives

- “I have no complaints whatsoever.”
- “The care, love and attention they give is over one hundred percent, the staff are second to none.”

At the request of the inspector, the manager was asked to issue ten questionnaires to the service users and their representatives, respectively. Seven responses were received. All respondents indicated that they were ‘very satisfied’ that the care/support was safe, effective and compassionate; and that the agency was well led. Written comments included ‘very happy with the care’.

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 the service users and their representatives.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 reviewed the management and governance systems in place within the agency to meet the needs of the service users; it was identified that the agency has effective systems of management and governance in place.

The organisational structure of the service was clearly reflected in the Service User Guide and was well understood by staff. The day to day operation of the agency was overseen by a manager, deputy managers, senior carers and a team of carers. In addition the agency's on call system ensured that staff could avail of management support 24 hours a day.

Staff spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the management team in positive terms; comments included 'the manager is very good' and 'she is very approachable'.

There was a policy in place relating to the management of complaints. The manager explained the procedures in place to ensure that any complaints received would be managed in accordance with regulation, standards and the agency's own policies and procedures. All those consulted with were confident that staff/management would manage any concern raised by them appropriately. A review of the records also evidenced that all staff received additional training of managing complaints.

Monthly quality monitoring visits were completed in accordance with Standard 8.11 of The Domiciliary Care Agencies Minimum Standards, 2011. An action plan was generated to address any identified areas for improvement; discussion with the manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the service users and staff. The agency had received positive feedback through the quality monitoring report from HSC Trust representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

On the date of inspection the registration certificate was up to date and displayed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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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