



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

<b>Name of Agency:</b>	<b>Greystone Support Centre</b>
<b>RQIA Number:</b>	<b>11196</b>
<b>Date of Inspection:</b>	<b>31 October 2014</b>
<b>Inspector's Name:</b>	<b>Joanne Faulkner</b>
<b>Inspection ID:</b>	<b>20172</b>

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**1.0 General Information**

<b>Name of Agency:</b>	Greystone Support Centre
<b>Address:</b>	Greystone Support Centre 199 Donore Crescent Antrim BT41 1JB
<b>Telephone Number:</b>	02894428852
<b>E mail Address:</b>	lisa.cathcart@belfasttrust.hscni.net
<b>Registered Organisation / Registered Provider:</b>	Mr Colm Donaghy
<b>Registered Manager:</b>	Mrs Lisa Cathcart
<b>Person in Charge of the Agency at the Time of Inspection:</b>	Mrs Lisa Cathcart
<b>Number of Service Users:</b>	18
<b>Date and Type of Previous Inspection:</b>	Primary Announced Inspection 31 May 2013, 9:00am – 4:00pm
<b>Date and Time of Inspection:</b>	31 October 2014 12:00-18:30
<b>Name of Inspector:</b>	Joanne Faulkner

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## **3.0 Purpose of the Inspection**

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager and the agency's staff
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

## **5.0 Inspection Focus**

The inspection was undertaken following RQIA's receipt of an anonymised letter on 23 October 2014 which highlighted concerns in relation to staffing arrangements within the agency. A copy of the letter was shared with a senior HSC Trust representative, on 24 October 2014 and an investigation commenced.

The inspector has rated the service's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance Statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of Service

Greystone Support Centre is a supported living type domiciliary care agency which operates under the auspices of the Belfast HSC Trust; the agency's office is located in Greystone Estate, approximately two miles from Antrim Town.

The agency provides 24 hour support to adults with a learning disability 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.

The agency is managed by the registered manager, Mrs Lisa Cathcart, a deputy manager and a number of support staff.

## 7.0 Inspection Findings

The unannounced inspection was undertaken on 31 October 2014, 12:00-18:30. The inspection was undertaken following RQIA's receipt of an anonymous letter on 23 October 2014.

The inspection was undertaken at the agency's registered office which is located in a house close to the service users flats/homes. The inspector met with the registered manager and the deputy. The inspector requested that agency staff advise service users and staff of the inspection visit and to offer them the opportunity to meet with the inspector.

The inspector spoke with agency staff and examined a range of records maintained by the agency including the duty rota and the care records of three service users.

The inspector discussed with the manager arrangements for staff accessing food and toilet facilities whilst on duty and arrangements for staff meetings. The manager stated that a kitchen located in the agency's premises is provided for staff whilst on duty; this was viewed by the inspector and was noted that it provided facilities for staff to store, prepare and consume food whilst on duty; the manager stated that a maximum of three staff would be using the facilities at any time. The manager stated that the HSC trust fire officer has stated that the doors in the kitchen are fire doors and therefore must remain closed. The agency's toilet facilities are located in the agency's office building and can be accessed by staff at all times; the manager stated that a request has been made to ensure that appropriate sanitary disposal facilities are made available.

The manager stated that the agency is currently reviewing arrangements for staff meetings due to a recent increase in the number of staff attending; at present staff meetings are held in a room within the agency's office.

The inspector discussed arrangements for staff accessing IT equipment whilst on duty; the manager stated that two computers are available for staff to use; they are located in the agency's office; staff are also provided with office space to complete administrative tasks; the manager stated that some staff have chosen on occasions to utilise the agency's sleep in rooms to complete paperwork; however this is not normal practice.

Staff informed the inspector that they receive quarterly supervision; one staff member informed the inspector that they have requested that supervision be provided with the manager and is awaiting an outcome to this request. The inspector discussed with the staff member the benefits of receiving regular supervision and suggested that they discuss their concerns with the registered or senior manager in order to achieve a decision. The inspector discussed this matter with the registered manager; who stated that the HSC Trust has recently amended the procedure for staff supervision; Band 5 staff who have received supervision training are now required to provide supervision to Band 3 staff. The inspector suggested that the manager discuss this matter with senior management and the HSC trust human resources department to assist in making a decision.

The inspector discussed the process for staff summoning additional support whilst providing one to one support for two service users presenting with behaviours that may be deemed challenging. The manager stated that staff are provided with a mobile phone whilst on duty in the service users' homes; the agency is currently pursuing the benefits of assistive technology. One staff member stated that staff has been required on occasions to use their personal mobile phones; the inspector discussed the availability of phones for staff on duty and was informed by the manager that phones were available.

The inspector viewed the care and support plans of two service users who require 24 hour one to one support; it was noted that care plans had not been updated since the service users' discharge from hospital or following an incident involving one of the service users in January 2014; it was noted that care and support plans had not been signed; this was discussed with the manager who stated that care plans had been developed on discharge from hospital and reviewed regularly; however this was not reflected in the documentation viewed by the inspector. The inspector noted that a review meeting had taken place in May 2014; however again care and support plans had not been updated. The inspector discussed the need for care and support plans to be reviewed and updated regularly and to be reflective of the care and support required to meet the assessed needs of the service users. The inspector requested that the care and support plan relating to one of the service users be updated during the course of the inspection. A requirement has been made.

The manager informed the inspector of a restrictive practice for one service user relating to the storage of knives; it was noted that a risk assessment had not been completed relating to the restrictive practice. A requirement has been made.

Documentation was viewed by the inspector relating to an incident involving a service user; it was noted that a number of recording sheets did not consistently contain the service user's name or accurately record timings of entries and had not been signed by the staff member making the entry. It was noted that if a correction was made a line was placed through the text; however staff had not signed that they had made a change. The inspector discussed with the manager the need for staff to accurately record all information relating to service users the manager stated that all staff had recently been informed of the need to accurately record information. A requirement was made.

The inspector discussed with the manager the support available to service users to avail of activities in the community; the manager stated that service users are supported to attend chosen activities; the manager stated that this needs to be planned to ensure that adequate staff are available to meet the needs of all service users. A service user who spoke to the inspector stated that staff are available to provide the support required. The manager stated that some service users have had difficulty in understanding that some of the service users

require a greater amount of support to meet their assessed needs and therefore might appear to be supported to go out more frequently.

During the inspection the inspector spoke to three staff members; they informed the inspector that the move from the hospital environment had proved challenging for a number of staff; staff stated that additional staff are in place to meet the individual assessed needs of service users and that it had taken a period of time for the staff team to become established; one staff member stated that staff morale was low. The inspector discussed with the manager the support provided for staff during the period of change. The manager stated that issues raised in the correspondence forwarded to RQIA will be addressed at a staff team meeting and during supervision to identify areas of concern.

One staff member informed the inspector that staff will endeavour to ensure that service users are provided with support required to attend social activities; however they informed the inspector that some service users have difficulty in understanding that a number of service users require a greater amount of support.

Staff stated that a shift allocation sheet is provided for each shift detailing the areas of work during the shift; staff stated that they are required to provide one to one support in two hourly blocks for two service users.

A service user who spoke to the inspector stated that they are provided with the care and support required; they stated that they are encouraged to live as independently as possible. The service user informed the inspector that staff are available to provide required support; they stated that staff are approachable and that they can speak to their keyworker if they have any concerns.

## **8.0 Conclusion**

The inspector identified a number of areas for quality improvement during this inspection. Since the inspection visit the inspector has liaised with the HSC trust staff in relation to their investigation. RQIA will continue to monitor the agency's compliance with the regulations and minimum standards.

The inspector would like to thank the service user, the registered manager and staff for their support and co-operation during the inspection process.

## **9.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Lisa Cathcart, Registered Manager and Mr Neill Kelly, Services Manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

Where the inspection resulted in no recommendations or requirements being made the provider / manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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.

Enquiries relating to this report should be addressed to:

**Joanne Faulkner**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**





**Quality Improvement Plan**

**Unannounced Secondary Care Inspection**

**Greystone Support Centre**

**31 October 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Lisa Cathcart, registered manager and Neill Kelly services manager during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**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 (NI) 2007**

No.	Regulation Reference	Requirements	Number of Times Stated	Details of Action Taken by Registered Person(S)	Timescale
1.	15.-(3)(b)(c)	<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>This requirement relates to the registered person ensuring that individual service user care and support plans are regularly reviewed and updated.</p>	Once	<p>b) The identified service user's plan was reviewed in February and May 2014, however the support plan did not have the review dates recorded on it. The review dates were added to the service users plan on 31<sup>st</sup> October 2014 and will be reviewed in January 2015.</p> <p>c) The service user's plan has been fully reviewed and revised on 21<sup>st</sup> May 2014 and will be reviewed by Care Management during January 2015.</p>	Two months from the date of inspection : 31 December 2014
2.	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</p>	Once	<p>a) Records reviewed at this care inspection date back to January 2014. Since this time all recording into the service users daily notes are dated and the time recorded. All entries are accurate and reflective of the care and support provided and signed by the staff member concerned.</p>	Two months from the date of inspection : 31 December 2014

		users name, the date and time of the recording and signed by the staff member completing the record.			
3.	14.(a)(b)(e)	<p>Where the agency is acting otherwise that 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 behavioural support plans are completed and a record retained.</p>	Once	<p>All appropriate risk assessments and behaviour support plans have been completed and shared with staff, with the service user's consent.</p> <p>The service user's care and support plan reflects action to be taken in the event of challenging behaviours being displayed and any necessary follow up action.</p>	Two months from the date of inspection : 31 December 2014



Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Lisa Cathcart
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Michael McBride

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	X	Joanne Faulkner	12/01/2015
Further information requested from provider			