

Inspection Report

4 February 2022



Greystone Support Centre

Type of service: Domiciliary Care Agency
Address: 199 Donore Crescent, Antrim, BT41 1JB
Telephone number: 028 9504 2930

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Belfast Health and Social Trust	Registered Manager: Mrs June Paxton
Responsible Individual: Dr Catherine Jack	Date registered: Acting – no application required
Person in charge at the time of inspection: Mrs June Paxton	
Brief description of the accommodation/how the service operates: Greystone Support Centre is a supported living type domiciliary care agency which is run by Belfast Health and Social Care Trust (BHSC); 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.	

2.0 Inspection summary

An unannounced inspection was undertaken on 4 February 2022 between 10.15 am and 1.30 pm by the care inspector.

The inspection focused on the review of staff recruitment and the agency's governance and management arrangements. It also focused on staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Good practice was identified in relation to the governance and management arrangements within the agency and appropriate pre-employment checks being undertaken before staff started to provide care and support to the service users.

Good practice was also found in relation to systems in place for disseminating Covid-19 related information to staff.

One area for improvement was identified in relation to staff training.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of the services being provided by the agency. This included service user/relative questionnaires and an electronic questionnaire for staff.

4.0 What people told us about the service?

We spoke with three service users and three staff. In addition, feedback was received from three relatives in the questionnaires returned to RQIA who were all 'very satisfied' that the care being delivered was safe, effective and compassionate and that the service was well-led. No staff responded to the electronic questionnaire.

Comments received during inspection process-

Service users' comments:

- "All is good. I don't need a lot of help, I just tear on."
- "I go to the shift leader if I am having a low day. They are good at supporting me."
- "Staff are friendly. They promote my dignity and are respectful."
- "Living here puts my family at ease as I have everything I need."
- "I appreciate what they do for me and they go above and beyond."
- "They give me all the support I need."

Staff comments:

- "I enjoy my job."
- "The staff team work well and there is good communication."
- "The manager is approachable and there is an open door policy."
- "The management team are covering shifts which allows them to see what is going on."
- "Training enables us to meet the needs of the service users."
- "We have a good report with the service users' families."

Service users' representatives' comments:

- "xxxx (service user) is well looked after by staff. They always have time to chat, even though they are busy. He is cared for very well by all in Greystone."
- "We would like to thank xxxx (care worker) and all the staff at Greystone for the 24/7 care they give xxxx (service user), who is very happy and loves all who care for her."
- "The care my brother receives is excellent and I have complete peace of mind knowing he is in very good, caring hands."

5.0 The inspection**5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

Due to the coronavirus (Covid-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 17 January 2019 by a care inspector and no areas for improvement identified. An inspection was not undertaken in the 2019-2020 and 2020-2021 inspection years, due to the impact of the first surge of Covid-19.

5.2 Inspection findings**5.2.1 Are there systems in place for identifying and addressing risks?**

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns, including out of hours arrangements.

It was noted that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. It was noted that one safeguarding referral had been made since the last inspection. It was noted that the referral had been managed in accordance with the agency's policy and procedures.

There were systems in place to ensure that complaints and notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that no complaints had been received since the last inspection. A number of incidents had been appropriately report to RQIA. It was noted that these had been managed in accordance with the agency's policy and procedures.

A review of the training requirements of staff indicated that a number were outstanding, including Infection Control, Human Rights, Mental Capacity Act, DoLS, COSHH and Food Safety. The manager has since advised that time has been allocated to staff to undertake this training. An area for improvement was identified.

The manager advised that they currently do not have any service users subject to DoLS. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. It was evident, however, from reviewing the training records that a number of staff had not undertaken DoLS training.

There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying care partners who visit the people supported to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that the service users had regular contact with family.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The discussions with the manager and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within their home environment. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

It was identified that staff have completed training with regard to Dysphagia and Speech and Language Therapist (SALT) swallow assessments and recommendations. One service user had been assessed by the SALT team in relation to Dysphagia needs and specific recommendations made. Staff demonstrated that they have a clear understanding of the needs

of the individual service user with regard to eating and drinking. The service user's care plan was reviewed and it clearly reflected the recommendations of the SALT team.

5.2.4 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in conjunction with the agency's Human Resources (HR) Department and was in accordance with the regulations and minimum standards, and that pre-employment checks were completed before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the HR Department and emails disseminated to the manager when staffs' registrations were due for renewal. Staff spoken with confirmed that they were aware of their responsibilities for ensuring their registrations were up to date.

5.2.5 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and HSCT representatives. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements. We noted some of the comments received during the monthly quality monitoring visits:

Service users:

- "If I'm not happy, I would phone over to staff and they would help me."
- "Staff are fantastic."

Staff:

- "A detailed handover takes place."
- "Staff go above and beyond to ensure all their individual care needs are met."
- "Due to covid, at times service users don't get the care they want, but staff always make sure they get the care they need."

Service users' representatives:

- "Staff acted quickly when my relative took an allergic reaction. They accompanied him to hospital and stayed with him until he was admitted."
- "Staff have worked above and beyond in the first few challenging months to ensure the placement was successful."

HSCT representatives:

- “Staff supporting the service user during my visits were very attentive to her needs. She enjoys a high standard of person-centred care in her own flat.”
- “Staff use sign language and the fact they know him so well helps him communicate.”
- “Greystone have been very positive and keep me informed of incidents.”

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings, one area for improvement was identified in relation to staff training. Despite this, RQIA were satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs June Paxton, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 16(2)(a) Stated: First time To be completed by: Immediately from the date of inspection and ongoing.	The registered person shall ensure that each employee of the agency receives training and appraisal which are appropriate to the work he is to perform. This relates to all mandatory training being undertaken by all staff and included training in relation to DoLS. Ref: 5.2.1
	Response by registered person detailing the actions taken: The registered person will ensure that each employee receives training and appraisal which are appropriate to the work they perform. The registered person will review the staff Mandatory Training Tracker to ensure all training is up to date.

****Please ensure this document is completed in full and returned via Web Portal****



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