

# Unannounced Care Inspection Report

## 10 June 2016



## Prospects

**Domiciliary Care Agency**  
**Trinity Methodist Church, Knockmore Road,**  
**Lisburn BT28 2GX**  
**Tel No: 02892670766**  
**Inspector: Joanne Faulkner**

## 1.0 Summary

An unannounced inspection of Prospects took place on 10 June 2016 from 10.15 to 18.15.

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

### **Is care safe?**

The agency has in place recruitment, staff training and induction systems and ensures that there is at all times an appropriate number of suitably qualified, competent and experienced staff to meet the needs of service users. The welfare, care and protection of service users is promoted through the identification of safeguarding concerns, implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust, and when required other stakeholders. The agency has systems in place for ensuring the identification, prevention and management of risk and to promote positive outcomes for service users. However, it was identified that a recommendation made following the previous inspection in relation to the development of induction and supervision policies had not been met. In addition it was identified that the agency's policy and procedures for selection and recruitment were required to be reviewed and updated.

### **Is care effective?**

The agency responds appropriately to meet the individual needs of service users through the assessment of need and the development of individualised care plans. The agency has in place systems for reviewing and monitoring of quality of care in conjunction with service users, and where appropriate their representatives, and for providing ongoing assurance of continuous service improvement. There are systems in place to promote effective communication with service users and stakeholders; this was verified by observations made and discussions with staff and service users. It was identified that the agency's Statement of Purpose and Service User's Guide are required to be reviewed and updated to reflect recent staff reorganisation within the agency and in accordance with the Regulations.

### **Is care compassionate?**

Delivery of compassionate care was evident during the inspection. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes and the provision of individualised care. It was identified from observations made and discussions with service users that staff value and respect the views and choices of service users. Service users indicated that their views were listened to and their choices respected; there was evidence of support provided to service users to enable them to take positive risks to enable service users to live a fulfilling life. The inspector identified evidence of a range of positive outcomes for service users. The agency has systems in place for obtaining the views and opinions of service users and their representatives. No areas for improvement were identified during the inspection.

## Is the service well led?

It was identified that a number of the agency's policies and procedures were required to be reviewed and updated in accordance with the Minimum Standards, relevant legislation and guidelines. This had previously been identified during a recent inspection and was assessed as being not met. There has been a recent change in management arrangements within the agency due to restructuring within the organisation and staff vacancies. The registered person and senior managers have recently reviewed and implemented management and governance systems to ensure that the agency operates in accordance with the Minimum Standards and promotes effective service delivery and positive outcomes for service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. Evidence of collaborative working partnerships with HSC Trust representatives and other external stakeholders was evident during the inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards 2011, previous inspection outcomes and any information we have received about the service since the previous inspection.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	2*

Details of the Quality Improvement Plan (QIP) within this report were discussed with Rachel Smith, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

\*The total number of recommendations above have been stated for the second time.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 2.0 Service details

<b>Registered organization/registered provider:</b> Prospects NI/Sherri Sargent (Registration pending)	<b>Registered manager:</b> Rachel Smith - application received
<b>Person in charge of the agency at the time of inspection:</b> Rachel Smith	<b>Date manager registered:</b> "Registration pending".

### 3.0 Methods/processes

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

- Discussion with the manager and staff
- Examination of records
- Consultation with service users
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Service users' care records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Staff rota information
- Staff Handbook
- Recruitment and Selection Policy
- Adult Safeguarding Policy
- Whistleblowing Policy
- Complaints Procedure
- Data Protection Policy
- Statement of Purpose
- Service User Guide

It was identified from records viewed that a number of the agency's policies and procedures are required to be reviewed and updated in accordance with the timescales detailed within the minimum standards.

During the inspection the inspector met with three service users, the manager, three staff members, and two of the organisations compliance managers.

Questionnaires were distributed for completion by staff and service users during the inspection; three staff and five service user questionnaires were returned.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

#### 4.0 The inspection

Prospects, is a supported living type domiciliary care agency providing care and support to 19 service users living at various locations in the Lisburn area. The office is located close to the service users' homes.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of supporting service users to live as independently as possible and maximising quality of life. The agency seeks to enable people to achieve autonomy and choice in the support they receive and the lives they pursue. Service users have an identified 'key worker'.

Discussion with the manager, staff, service users and the organisations compliance officer provided evidence of positive outcomes for service users; details of which have been included within this report.

The inspector would like to thank the manager, service users, and agency staff for their support and co-operation throughout the inspection process.

#### 4.1 Review of requirements and recommendations from the last care inspection dated 1 October 2015

Last care inspection statutory requirements		Validation of compliance
<b>Ref:</b> Regulation 23.-(1)(5)  <b>Stated:</b> Second time	The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.	<b>Met</b>
	(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.	
	This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained clearly records the views of service users' relatives and relevant professionals.	
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed the agency's monthly quality monitoring reports and noted that the views of service users' relatives and where appropriate relevant professionals had been included.	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 9.1  <b>Stated:</b> First time	It is recommended that policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements.  This recommendation relates specifically to the agency's induction and supervision processes.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was identified that the agency are currently in the process of reviewing all policies and procedures and the manager stated that this will include developing policies relating to staff induction and supervision.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 9.5  <b>Stated:</b> First time	It is recommended that the agency's policies and procedures are subject to a systematic 3 yearly review.  This recommendation relates specifically to the agency's 'Appraisal' and 'Disciplinary' policies.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was identified that the agency are currently in the process of reviewing all policies and procedures.	

#### 4.2 Is care safe?

During the inspection the inspector reviewed current staffing arrangements in place within the agency.

The agency's recruitment and selection policy outlines the mechanism for ensuring that required staff pre-employment checks are completed prior to commencement of employment; it was identified that the policy is required to be reviewed and updated in line with timescales outlined in the minimum standards. The inspector viewed a checklist detailing checks completed by the agency's human resources department prior to commencement of employment. The manager stated that confirmation is received from head office when the process has been completed and that staff are not provided until all necessary checks and induction training has been completed.

The agency's induction booklet details the induction programme lasting at least three days which is in accordance with the regulations; however the organisation is currently in the process of developing an induction procedure. It was noted that staff are required to complete mandatory training during their initial induction; records viewed outlined the information and additional supervision and support provided during the probationary period.

The agency has a procedure for the induction of staff supplied at short notice/emergency and for verifying their identity; it was identified from discussions with the manager that relief staff are accessed from another domiciliary care agency. Staff could describe the impact of frequent staff changes on service users and the benefits of continuity of care.

Staff could describe how the agency's induction programme had equipped them for the requirements of their job role. They stated that it included training, shadowing other staff members, meeting service users and becoming familiar with their individual care needs. Staff stated that they had the knowledge, skills and support to carry out their roles and described the importance of respecting the privacy, dignity and views of service users.

Discussions with the manager, staff and service users indicated that an appropriate number of skilled persons are available at all times. Staff rota information viewed reflected staffing levels as described by the manager and staff. The manager described the ongoing issues relating to staff recruitment and retention due to a recent review and reorganisation of the staff working arrangements.

It was noted that the agency are currently accessing a number of relief staff from another domiciliary care agency to cover shifts; however it was noted that a number of these staff had been working in the agency on a long term basis and are familiar with the needs of the service users.

The manager stated that the agency's supervision and appraisal policy, September 2011 is currently being reviewed. The policy outlines the frequency and process to be followed; it was noted from documentation viewed that staff are provided with a supervision contract. It was identified that the agency maintains a record of staff supervision and appraisal; records viewed indicated that they are completed in accordance with the agency's policies and procedures. Staff who spoke to the inspector confirmed that they received supervision and appraisal and felt that they were beneficial to their role.

The agency has an electronic system for recording staff training, it was viewed by of the inspector; it was noted that the agency has a process for highlighting when training is required to be updated. Staff stated that they are encouraged to identify individual training needs and confirmed that training is discussed during individual supervision and appraisal meetings. It was noted that a number of staff are currently completing competency assessments in relation to providing on call support.

The inspector examined the agency's provision for the welfare, care and protection of service users. The agency has in place a policy relating to the Safeguarding of Vulnerable Adults developed in 2011; it was identified that the policy was required to be updated in response to the DHSSPS regional guidance: 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The manager stated that the policy is currently being reviewed and updated.

The agency maintains records in relation to safeguarding vulnerable adults; discussions with the manager and records viewed indicated that the agency has adhered to their policy and procedures in dealing with allegations of any suspected or actual abuse. It was identified from discussions with the manager that the agency had worked in collaboration with HSCT representatives in relation to a recent safeguarding investigation. The inspector discussed with the manager the benefits of maintaining a record of the outcomes of any referral made or investigation undertaken.



It was identified from discussions with staff and training records viewed that staff are provided with face to face training in relation to safeguarding vulnerable adults during their induction period and are required to complete an electronic update annually.

Staff who spoke to the inspector demonstrated that they had a good understanding of safeguarding issues and could clearly describe the types of abuse, possible indicators and the procedure for reporting concerns. Staff could describe the detail of the agency's whistleblowing policy and were aware of their responsibility in highlighting and raising concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible reducing or eliminating unnecessary risk to service users health, welfare and safety. It was noted from documentation viewed and discussions with staff that risk assessments completed in conjunction with service users and where appropriate their representatives are reviewed six monthly. Service users stated that they have an annual review involving their HSCT representative.

The agency's registered premises are located in a separate location than the service users' accommodation; the premises include a range of facilities which are suitable for the operation of the agency as described in the Statement of Purpose.

#### **Service user comments**

- 'I love it here.'
- 'Staff are very good.'

#### **Staff comments**

- 'We have enough staff.'
- 'We have had a change in staff recently due to the reorganisation.'
- 'We get supervision and appraisal.'
- 'My induction was good.'

#### **Areas for improvement**

Areas for improvement identified during the previous inspection in relation to the agency's induction and supervision policies have been assessed as being not met and has been stated for a second time. In addition it was identified that the agency's recruitment and selection policy is required to be reviewed and updated.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### **4.4 Is care effective?**

During the inspection the inspector reviewed that agency's arrangements for appropriately responding to and meeting the assessed needs of service users. Information relating to the nature and range of services provided is detailed within the Statement of Purpose and Service User Guide; however it was identified that they were required to be reviewed and updated in accordance with the regulations.



The inspector viewed the agency's data protection policy and noted that it was required to be updated; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the current organisational policy.

The inspector viewed a number of individual service user care plans; service users stated that they are supported to participate in the development of their care plans. It was noted that staff record daily the care and support provided to service users. The agency is currently in the process of updating the care plans of each individual service user. Records viewed indicated that care plans are reviewed in accordance with the agency's policies and procedures. It was noted that service users have an annual review of their care needs.

Documentation viewed and discussions with staff indicated that the agency is in the process of reviewing and implementing additional arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector viewed a Service Improvement plan (SIP) currently in place and noted that it is reviewed weekly by the manager in conjunction with senior managers within the organisation.

The inspector viewed the agency's monthly quality monitoring records and noted that they included the views of service users and where appropriate their representatives. It was noted that the record includes details of the audit of complaints, compliments, accidents, incidents, safeguarding concerns and in addition a review of staffing, documentation and financial management arrangements are completed.

The agency facilitates monthly service user meetings; records viewed and discussions with service users indicate that they are encouraged and supported to express their views. It was noted that service users are provided with details of the agency's complaints procedure and that the agency maintains a record of all compliments and complaints; service users could describe the process for making a complaint.

It was noted that the agency's service user guide contains details for accessing advocacy services.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users stated that they can speak to staff at any time and made positive comments about their working relationships with staff. The agency facilitates monthly service user and staff meetings and a record of issues discussed is maintained. Service users are encouraged to participate in a monthly meeting with their identified keyworker within the agency. The inspector noted that one of the service users had previously attended a forum meeting within the organisation.

The manager could describe examples of recent liaison with HSCT representatives in order to achieve better outcomes for service users.

### **Service users' comments**

- 'We can do what we want.'
- 'Staff help me with anything.'
- 'I am doing the fun run next week; staff are going with me.'

## Staff comments

- ‘Service users have a review of their care annually.’
- ‘Service users are supported to live a fulfilling life.’
- ‘Service users are involved in their care planning.’

## Areas for improvement

One area for improvement was identified in relation to the agency’s Statement of Purpose and Service user’s guide.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

The inspector sought to assess the agency’s ability to treat service users with dignity, respect and equality, and to fully involve service users in decisions affecting their care, support and life choices.

Staff could describe the importance of confidentiality and described how the views and choices of service users are central to service provision. Staff could describe examples of positive risks service users are supported to take to enable them to live as full a life as possible. Discussions with service users and staff, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, are embedded in the culture and ethos of the organisation and that staff endeavour to provide care in an individualised and meaningful manner.

Service users confirmed that they are involved in developing their care plans and in decisions relating to the care they receive. Records of service user meetings reflected the involvement of service users and on occasions detailed choices made by service users.

It was noted that the views of service users and/or their representatives were recorded throughout a range of relevant agency documentation. Formal processes to record and respond to service users are maintained through the compliments and complaints process monthly quality monitoring, review meetings involving HSC Trust representatives, annual service user questionnaires and tenant meetings. The compliance manager stated that the agency plans to issue questionnaires to relevant stakeholders to obtain the views on the quality of the services provided.

During the inspection the inspector observed agency staff communicating with service users in a manner which took into account the individual views, choices and feelings of service users. The inspector observed that service users were able to make choices regarding their daily routine and activities. Service users who spoke to the inspector stated that staff agency respect their privacy and dignity; they stated that they can make their own decisions.

The inspector viewed a range of information in an alternative format provided to enable service users to have a clearer understanding of the information being communicated.

The agency has recently undergone a comprehensive audit of the service being provided and a service improvement plan has been developed to address areas identified for improvement.

The agency's monthly quality monitoring, tenant's meetings and satisfaction questionnaires provide evidence of consultation with service users.

### Service users' comments

- 'I like it here I can do what I want.'
- 'I can do whatever I want.'
- 'I go out to the community group and to the gateway club.'

### Staff comments

- 'I enjoy working here.'
- 'The service users can do what they want.'

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 4.6 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that due to recent staff changes there has been a change in the management arrangements in place within the agency; one staff member who met with the inspector spoke positively about the recent changes.

It was noted that a recent review of staffing arrangements had resulted in a number of staff vacancies; staff and service users could describe the impact staff changes.

During the inspection the inspector viewed a number of the agency's policies and procedures; it was noted that a number of those in place are required to be reviewed and updated in accordance with the Minimum Standards, relevant legislation and guidelines. It was noted that the policies and procedures are retained electronically and additionally in paper format stored within the agency's office.

Documentation viewed and discussions with the manager indicated that the agency is currently in the process of reviewing current and implementing additional governance arrangements to promote the identification and management of risk. These include the review and updating of required policies and procedures, staffing arrangements, monthly audit of complaints, safeguarding incidents, and incidents notifiable to RQIA.

The agency's complaints policy which is required to be updated outlines the procedure in handling complaints; it was noted from records viewed that the agency has received one complaint for the period 1 April 2015 to 31 March 2016. Discussion with the manager and documentation viewed indicated that the agency had dealt effectively with the complaint received and in accordance with their policy and procedures. Discussions with staff indicated that they were familiar with the process for receiving and managing complaints.

It was identified that arrangements for managing and monitoring of incidents and complaints includes mechanisms for auditing, identifying trends and reducing the risk of recurrences. Documentation viewed provided evidence of staff supervision, appraisal, and management of performance issues. The manager and agency staff could describe the importance of the ongoing review and monitoring of services provided to identify areas for improvement, and of providing better outcomes for service users.

The organisational and management structure of the agency outlines lines of accountability and roles and responsibilities of staff. Staff stated that they are provided with a job description which outlines the role and responsibilities of their job role. Service users were aware of staff roles and had knowledge of who to contact if they required assistance or had a concern.

The registered person (pending) has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are currently under review.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Discussions with staff during the inspection indicated that there are collaborative working relationships with external stakeholders, including where appropriate HSCT representatives.

Staff stated that they can access support of the manager at any time and described the process for receiving support out of office hours. They were familiar with lines of accountability and knew who to contact if they required support or guidance. Staff stated that their views and opinions are listened to and that the agency addresses issues raised.

Staff could describe their responsibility in reporting concerns and had knowledge of the detail of the agency's whistleblowing policy.

Two of the organisations compliance managers were in attendance at the time of the inspection and could describe the processes being implemented in relation to quality improvement.

### **Service user comments**

- 'Staff are very good.'

### **Staff comments**

- 'Training is good.'
- 'I feel supported; we can contact the person on call if we have any concerns.'
- 'We have new managers in place; things are going well.'
- 'The manager makes a point of visiting the service users in their home.'
- 'The change in management has been a positive change.'
- 'Managers are approachable.'

### **Areas for improvement**

One area for improvement was identified during the inspection in relation to the agency's policies and procedures.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Rachel Smith 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

### 5.2 Recommendations

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

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@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 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 person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<b>Requirement 1</b> <b>Ref:</b> Regulation 7(a) <b>Stated:</b> First time <b>To be completed by:</b> 10 September 2016	The registered person shall (a)keep under review and, where appropriate, revise that statement of purpose and the service user's guide;  <b>Response by registered person detailing the actions taken:</b> Statement of Purpose and Service User Guide have been updated and are awaiting for approval.
Recommendations	
<b>Recommendation 1</b> <b>Ref:</b> Standard 9.1 <b>Stated:</b> Second time <b>To be completed by:</b> 10 September 2016	It is recommended that policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements.  This recommendation relates specifically to the agency's recruitment and selection, induction and supervision processes.  <b>Response by registered person detailing the actions taken:</b> Recruitment and selection, induction and supervision policy are under review.
<b>Recommendation 2</b> <b>Ref:</b> Standard 9.5 <b>Stated:</b> Second time <b>To be completed by:</b> 10 September 2016	It is recommended that the agency's policies and procedures are subject to a systematic three yearly review.  This recommendation relates specifically to the agency's 'Appraisal' and 'Disciplinary' policies.  <b>Response by registered person detailing the actions taken:</b> Appraisal policy are under review. Disciplinary Policy has been updated and is due for review in 2019.

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**



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