

Unannounced Care Inspection Report

30 January 2020



Gnangara

Type of Service: Domiciliary Care Agency
Address: 163 Sligo Road, Drumawill, Enniskillen, BT74 7JZ
Tel No: 028 6632 5134
Inspector: Corrie Visser

www.rqia.org.uk

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

Gnangara is a supported living type domiciliary care agency which supports service users who require assistance with tasks of everyday living, emotional support and assistance with accessing community services.

3.0 Service details

Organisation/Registered Provider: Radius Housing Association Responsible Individual(s): Mrs Fiona McAnespie	Registered Manager: Ms Margaret Irwin
Person in charge at the time of inspection: Senior Care Worker	Date manager registered: 7 June 2018

4.0 Inspection summary

An unannounced inspection took place on 30 January 2020 from 10.00 to 16.40 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA has duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and 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 in relation to the agency's monitoring of the registration of all staff members, risk management, recruitment and induction of staff, equality and diversity, engagement with service users and communication with staff.

Areas requiring improvement were identified in relation to the monthly quality monitoring reports, the agency's policies and procedures, training, all documentation to be signed in a timely way and service users' agreements to be on every service users' file.

Comments from service users are included throughout the report.

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	1	4

Details of the Quality Improvement Plan (QIP) were discussed with the senior care worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent. care inspection dated 4 March 2019

The completed QIP was returned and approved by the care inspector.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 March 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the agency
- unannounced care inspection report and quality improvement plan from 4 March 2019
- incident notifications which highlighted that one incident had been notified to RQIA since the last care inspection on 4 March 2019
- information and correspondence received by RQIA since the last inspection

During the inspection the inspector met with three service users, two staff, and one service users' relative.

The following records were examined during and following the inspection:

- one recruitment and induction record for a recently recruited member of staff
- information relating to staff supervision and appraisals
- the staff rota
- a sample of policies and procedures
- list of staff registration with the Northern Ireland Social Care Council (NISCC)
- a sample of monthly quality monitoring reports
- the agency's complaints record since the last inspection
- a sample of the minutes of staff meetings since the last inspection
- "you say, we do" folder
- staff training matrix
- statement of Purpose
- the agency's record of compliments

- a sample of minutes from service users meetings
- four service users care records

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Ten questionnaires were also provided for distribution to the service users and their representatives; four responses were returned; analysis and comments are included within the report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The inspector would like to thank the person in charge, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 4 March 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (1)(a) Stated: First time	The registered person shall ensure that the staff roster is maintained in an accurate and contemporaneous manner at all times.	Met
	Action taken as confirmed during the inspection: The inspector reviewed the staff roster which was accurate and contemporaneous. The roster included the staff on shift for the entire day, between 8.00 and 22.00 hours. Following the inspection, the registered manager was advised to include their working	

	hours on the roster and assurances were given to this.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 12.7 Stated: First time	The registered person shall ensure that all staff induction records are completed in a timely, comprehensive and detailed manner at all times.	Met
	Action taken as confirmed during the inspection: One member of staff has been recruited since the previous inspection and it was evident that all induction records were signed by the employee and manager in a timely manner. The induction records included a detailed programme of the areas covered.	
Area for improvement 2 Ref: Standard 15.10 Stated: First time	The registered person shall ensure that a robust complaints process is implemented and maintained, specifically, that the management of individual complaints are thoroughly documented including the results of any investigation/action taken and demonstrate the complainants' level of satisfaction/dissatisfaction with any and all actions taken.	Met
	Action taken as confirmed during the inspection: The complaints process was forwarded to the inspector by the registered manager following the inspection. This was due to confidentiality issues. The inspector reviewed these records and the agency was compliant with Standard 15.10 as there was a robust investigation and outcome of every complaint.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed the agency's system in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the agency.

One staff member has been recruited since the previous inspection and it was discussed that the agency's human resources (HR) department oversees the recruitment process, including the completion of appropriate pre-employment checks. The procedure of this was discussed with the person in charge and it was noted that staff are not provided for work until all necessary checks had been completed. All documentation relating to these checks are retained by the HR department. There was evidence of correspondence from the HR department to advise the manager that all checks had been completed and a date for commencement of employment could be issued.

The inspector reviewed the induction record for the newly recruited member of staff. It was evident that the induction programme was undertaken over the required minimum period of three days and included review of the policies and procedures directly relating to the delivery of care and also shadowing more experienced members of staff. It was positive to note that the manager conducted reviews with new staff on a weekly basis for the first three weeks and then monthly for a period of three months after they commenced post. All induction records were signed by the inductee and the mentor and an induction competency record was also completed with the staff member.

The inspector reviewed the roster for a six week period. There was evidence that the roster identified staff on shift from 8.00 until 22.00 hours including the staff who were undertaking outreach duties with service users. There was sufficient staff on shift to meet the assessed needs of the service users and through discussions with service users, no concerns were brought to the inspector's attention in relation to staffing levels. The inspector advised that the manager's hours needed to be included on the roster and assurances were given to this during and following the inspection. It was discussed that following shifts ending at 22.00 hours, there is an on call system for service users to use if an emergency arises. It was also reported that the residential site has staff on shift 24 hours a day and if necessary, can support the service user. It was advised that this happens very infrequently as the service users use the on call system as appropriate.

The inspector reviewed the training offered to staff members and along with the mandatory training, further training was provided in relation to General Data Protection Regulation (GDPR), end of life care, dementia awareness, challenging behaviour and diabetes awareness. The agency's training matrix was reviewed during the inspection and it was noted that training requirements for a significant number of staff were outstanding. The inspector also noted that records retained by the agency in respect of mandatory training were not clear. The inspector was provided with a training schedule held over two days, however this system was not robust to monitor staff members' attendance. This was discussed with the person in charge and the

inspector advised that the training matrix required to be updated. An area for improvement has been made in this regard.

The inspector reviewed the supervision and appraisal records for a sample number of staff and it was evident that staff had regular supervision and yearly appraisals. Newly recruited staff members had more frequent supervisions to ensure competency.

There was one adult safeguarding referral made to the Western Health and Social Care Trust since the last care inspection. From discussion with the person in charge and upon reviewing the records, it was evident that this was managed appropriate and in a timely manner. An investigation was undertaken by the trust representatives and the staffing levels for the service user were increased. The trust have concluded the investigation. All documentation in relation to same was available for the inspector to review. Staff spoken with during the inspection demonstrated that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining accurate and concise records.

The inspector reviewed the incident records retained by the agency and it was evident that these were managed appropriately. All incidents are reviewed and audited on a monthly basis by a senior manager. There was a contemporaneous record of all incidents, follow up actions and evidence with liaison with service users' relatives and WHSCT representatives.

Service users' comments included:

- "the girls are very nice and very good to me."
- "they are great girls."
- "there is more security here."
- "the girls are the best."

Comments from relatives included:

- "staff are very good to ****."
- "can find no fault in them."

Staff comments included:

- "there is a lot of training."
- "I am aware of the policies and procedures, in particular the requirements of safeguarding."

Visiting professional comments included:

- "**** is very happy here."
- "**** gets on well with staff."

Four service users/relatives questionnaires were returned to RQIA. All respondents indicated that they were very satisfied that the care provided was safe.

Areas of good practice

There were examples of good practice in relation to recruitment and induction of staff, supervisions and appraisals, adult safeguarding and risk management.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

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

The agency's arrangements for appropriately responding to and meeting the assessed needs of the service users were reviewed during the inspection process.

The full nature and range of services is laid out in the agency's Statement of Purpose and Tenants Handbook.

The inspector reviewed four service users care records. The care records were noted to be comprehensive and maintained in an organised manner. The care records evidenced detailed referral information, consent declaration in relation to medication, care plan authorisation, risk assessments, Speech and Language Therapy (SALT) assessments, if appropriate, care and support plans and reviews which included the key representatives from the WHSCT. Care plans were concise and holistic and incorporated the human rights of the service users. It was evidenced that the agency focuses on the service users' human rights in relation to living in a safe environment, not intruding on his/her independence or privacy, communication, promoting opportunities for sense of fun, identify and positive attitude, wishes and choices and level of independence.

From reviewing the four service users' care records it was evidenced that there was significant delay in the service users signing the Service User Agreement following the date of admission as well as care plans and reviews not signed or dated. It was also noted that the Service User Agreement was not retained on one care file. Two areas for improvement were made in these regards.

There was evidence of collaborative working arrangements from reviewing care records in regards to liaising with the service users' next of kin and trust representatives. The agency had a system in place to record all communication undertaken in respect of the needs of the service users. There were annual reviews in place for the four service users whose records were inspected. There was also a date for the next review to take place. Staff maintained a comprehensive and accurate record of all care provided on a daily basis. Staff have a daily handover meeting prior to their shift commencing which provides them with all the relevant knowledge in respect of every service user.

It was evident that all records relating to the service users were stored safely and securely in keeping with legislation and standards.

The inspector reviewed a sample of minutes from staff meetings which are convened twice a year and staff were encouraged to attend every staff meeting. There was a list of attendees and apologies recorded and an agenda was identified which included audits, training,

complaints, duties, rota, service user updates, supervisions, confidentiality. A minute was taken of the discussion and retained by the agency which were accessible for all staff members.

Service users comments included:

- “living here is good.”
- “I am supported to go on outings.”
- “I am happy living here.”
- “I have not problems living here.”

Staff comments included:

- “it’s good working here.”
- “I do my best.”

Comments from relatives included:

- “I am unable to continue to care for **** and it’s sad but I’m happy **** is here.”

Visiting professional comments included:

- “**** is very happy here.”

Four service users/relatives questionnaires were returned to RQIA. All respondents indicated that they were very satisfied that the care provided was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users and staff, comprehensive information in relation to every service user and storage of records.

Areas for improvement

Two areas for improvement were identified in relation to all documentation being signed in a timely manner and all service users’ file to have a Service User Agreement.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 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 inspector assessed the agency’s ability to treat the service users with dignity, respect, equality and compassion and to encourage independence of the service users in actively engaging them in the care and support they receive.

Staff were able to inform the inspector that human rights is incorporated in their induction as well as throughout their ongoing training. It was also discussed that the service users have a right to privacy and it was evidenced from observing the interactions of staff with the service users that this was respected by staff knocking before entering any flats.

The inspector viewed the “you said, we did” folder which is in an easy read format. This was to update the service users on the progress of any suggestions made. Some of these suggestions included outings and support, daily activity calendar, one to one activities, support with plants, cleaning the patio area and advice in relation to the service users’ care and support entitlement. As well as this information, there were regular service user meetings which also had an agenda and a list of attendees and apologies. Some areas discussed during these meetings included welcoming new service users, meals, local activities, maintenance, fire safety and the service users’ relationships with local housing areas. It was evident that service users were encouraged to attend these meeting so their voices could be heard.

The culture and ethos of the service is focused on promoting the independence of the service users whilst also meeting their assessed needs. The service users are encouraged to develop links with the local community. Discussion with the person in charge and service users highlighted that enjoyment is found on one to one outings within the local community for coffee or lunch. Two service users discussed that there is no restriction on them and they can come and go as they please.

Comments from service users included:

- “I have access to my own key, I am not restricted.”
- “I can come and go as I please.”
- “the girls respect my privacy.”
- “I am aware of who I can speak to if I have any concerns.”
- “I don’t have any complaints.”
- “I get a choice of meals.”

Four service users/relatives questionnaires were returned to RQIA. All respondents indicated that they were very satisfied that the care provided was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the human rights of the service users, the involvement of service users and provision of compassionate care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 sought to assess the agency's leadership, management and governance arrangements to meet the assessed needs of service users.

The agency is managed on a day to day basis by the registered manager with the assistance of senior care workers/care workers, an administrator and domestic/laundry/catering staff.

There was an organisational structure within the Statement of Purpose which clearly identified roles and responsibilities.

The registration certificate was up to date and displayed appropriately.

Discussion with the staff and service users on the day of inspection described positive working relationships and advised that the management were approachable and any issues could be discussed. Staff reported that they felt supported by the management within the agency. Service users also felt that they could speak to management or the care workers if they had any concerns or complaints.

The inspector reviewed a sample of the agency's policies and procedures and a significant number required updated. There were some policies not available for the inspector relating to recruitment, whistleblowing and the retention or records policy. The complaints policy did not include details in relation to RQIA, the Northern Ireland Public Service Ombudsman (NIPSO), the patient and client council (PCC) or any other advocacy service. This was discussed with the person in charge and the review of policies and procedures was commenced at the end of the inspection. An area for improvement has been made in this regard.

The inspector discussed the monitoring arrangements under regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. All the relevant reports were not available on the day of inspection due to an audit of the agency, however were forwarded to the inspector by the registered manager following the inspection. The inspector found that some of the reports were not robust in regards to accidents, incidents, training, supervisions/appraisals not being analysed and in some reports there were no consultations with staff, service users or their representatives. It was also noted that the dates of the creation of the reports did not coincide with the month the analysis was being undertaken. An area for improvement has been made in this regard.

The inspector reviewed the agency's system in place which reviews and monitors the staffs registration with the Northern Ireland Social Care Council (NISCC) or other regulatory body, as appropriate. It was found that all staff were actively registered with NISCC. It was discussed with the person in charge that if the staff member's registration has lapsed, they are not permitted to work.

The agency's complaints records were reviewed on the day of inspection. Robust records were not available to the inspector however were provided following the inspection by the registered manager. It was advised that due to the confidentiality of service users, complaints are logged

on to the database at head office and is closely monitored by Corporate Services until satisfaction is noted. There was evidence of a checklist in relation to the complainant being written to, the trust being informed, the satisfaction noted and the date closed. The record of complaints is audited by the WHSCT on a quarterly basis.

No concerns were raised by the staff, service users or relatives spoken to on the day of inspection and all advised that the agency was well led. All the discussions highlighted that the management were approachable and supportive and anything raised with the management is dealt with in a timely way.

Four service users/relatives questionnaires were returned to RQIA. All respondents indicated that they were very satisfied that the care provided was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, maintaining good working relationships and the monitoring of professional registration.

Areas for improvement

Two areas for improvement were identified in relation to the monthly quality monitoring reports and the agency's policies and procedures.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the senior care worker, as part of the inspection process. The timescales commence from the date of inspection.

The registered manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 and the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 23(1)(2)(3)(5) Stated: First time To be completed by: immediately from the date of inspection	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. This relates to including a more robust analysis of quality of care being provided by the agency including consultation with service users and their representative. RQIA requires these reports to be sent to the inspector by the fifth of every month until further notice. Ref: 6.6
	Response by registered person detailing the actions taken: The regulation 23 system of review was discussed directly with the Inspector post inspection. Regulation visit reports will be available for review.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 12.3 Stated: First time To be completed by: immediately from the date of inspection	The registered person shall ensure that mandatory training requirements are met. Ref: 6.3
	Response by registered person detailing the actions taken: Radius provide a comprehensive training programme for all care and support staff which meets the mandatory training requirements. A staff training matrix record for staff will be updated regularly to ensure this is reflective of all training attended by staff.
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: immediately from the date of inspection	The registered person shall ensure that each service user has a written individual service agreement. Ref: 6.4
	Response by registered person detailing the actions taken: A written service agreement is issued to all tenants who reside at Gnangara

Area for improvement 3 Ref: Standard 10.4 Stated: First time To be completed by: immediately from the date of inspection	The registered person shall ensure the information held on record is accurate, up-to-date and necessary. This relates to all documentation in relation to the service users are signed by the service user and their representative or a record indicating if the service user is unable or unwilling to sign. All documentation is to be signed in a timely manner. Ref: 6.4
	Response by registered person detailing the actions taken: This has been noted and signature or reason for non signature will be recorded.
Area for improvement 4 Ref: Standard 9.1 and 9.4 Stated: First time To be completed by: immediately from the date of inspection	The registered person shall ensure policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements and are dated when issues, reviewed or revised. Ref: 6.6 Response by registered person detailing the actions taken: Complaints and Whistle blowing policies are in place and are subject to 3 yearly or more frequent review if required.

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



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