

# Unannounced Care Inspection Report 4 March 2019



## Gnangara

**Type of Service: Domiciliary Care Agency**  
**Address: 163 Sligo Road, Drumawill, Enniskillen, BT74 7JZ**  
**Tel No: 02890394557**  
**Inspector: Marie McCann**

[www.rqia.org.uk](http://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

<b>Organisation/Registered Provider:</b> Radius Housing Association	<b>Registered Manager:</b> Ms Margaret Irwin
<b>Responsible Individual:</b> Mrs Fiona McAnespie	
<b>Person in charge at the time of inspection:</b> Ms Margaret Irwin	<b>Date manager registered:</b> 7 June 2018

### 4.0 Inspection summary

An unannounced inspection took place on 4 March 2019 from 10.00 to 17.45.

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

The inspection determined 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 adult safeguarding, risk management, staff training and collaborative working. Further areas of good practice were also found in regard to staff communication, the provision of compassionate care, monthly monitoring visits and monitoring the professional registration of staff.

Three areas requiring improvement were identified in relation to the staff roster, staff induction records and complaints management.

Service users' comments 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
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Margaret Irwin, registered manager, 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 15 May 2017

No further actions were required to be taken following the most recent inspection on 15 May 2017.

## 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.
- Information and correspondence received by RQIA since the last inspection.
- Incident notifications which highlighted that 38 incidents had been notified to RQIA since the last care inspection 15 May 2017.
- Unannounced care inspection report from 15 May 2017.

During the inspection the inspector met with the registered manager, three service users, two support staff and a visiting professional.

The following records were examined/ discussed during and/or following the inspection:

- Staff induction records for two recently recruited members of staff.
- Information relating to staff supervision and appraisal.
- Staff training matrix.
- Aspects of three service users' care records.
- A sample of service users' daily records.
- The agency's complaints record from January 2018 to 28 February 2019.
- Staff roster information from 1 February 2019 to 4 March 2019.
- A sample of minutes of staff meetings since the last inspection.
- A sample of the agency's record of incidents and accidents for December 2018, January 2019 and February 2019.
- A sample of monthly quality monitoring reports for November 2018, December 2018 and January 2019.
- List of staff Northern Ireland Social Care Council (NISCC) registration details.
- Induction, Supervision, Development and Competency Assessment Policy, November 2016.
- Whistleblowing Policy, June 2017.
- Complaints Policy, June 2018.
- Incidents Policy, 2018.
- Statement of Purpose, June 2017.
- Service User Guide (Tenant's Handbook).

At the request of the inspector, the registered manager was asked to display a poster within the agency office. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no response was received.

Ten service user and/or relatives' questionnaires were provided for distribution; 10 questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the setting, as appropriate to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

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.

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

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 15 May 2017

The most recent inspection of the agency was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 15 May 2017

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

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

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

The agency has a human resources (HR) department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The registered manager described the procedure for ensuring that staff are not provided for work until all necessary checks had been completed; the outcome of these checks are retained by the HR department. The responsibility for newly appointed staff induction is with the registered manager.

Discussion with the registered manager confirmed that staff received an induction in excess of the required minimum period of three days, and included review of policies and procedures directly relating to care delivery and working alongside experienced staff in a supernumerary capacity. It was positive to note that the registered manager also conducted a monthly review

with new staff for the first three months after they commenced their post. While the registered manager confirmed that staff were made aware of safeguarding policies and procedures as part of their induction, this was not referenced within induction records. A review of staff rota information verified that new staff had shadowed more experienced staff on a number of occasions as part of the induction process. The inspector recommended that the dates on which inductees shadowed more experienced staff should also be referenced within induction records and signed as completed by both the inductee and the inductor. It was agreed with the registered manager that induction records would reference these two aspects of the induction process going forward. Review of an induction record for one staff member highlighted that it was incomplete and an area for improvement was made in this regard.

The registered manager confirmed that staffing levels were regularly reviewed in order to ensure that the assessed care needs of service users were effectively met. While the majority of service user's feedback received during and after the inspection expressed no concerns in relation to staffing levels, one service user did indicate both during and following the inspection that they were dissatisfied with staffing levels. This was discussed with the registered manager during the inspection who confirmed that this service user's concerns were to be investigated via the agency's complaints procedure; the registered manager agreed to keep RQIA updated as to the outcome of this complaint.

Review of the staff roster highlighted that it inconsistently reflected staffing arrangements as described by the registered manager. For example, instances whenever the registered manager had worked in the capacity of assisting staff directly with care and support provision to service users had not been clearly indicated. In addition, the staff roster did not evidence any occasions whenever support staff had been on duty between the period 20.00 to 22.00 hours. While feedback from support staff did confirm that staffing levels were effectively maintained to meet the assessed care needs of service users, and that the registered manager was available to assist staff when required, the need to ensure that the staff roster is maintained in an accurate, contemporaneous and comprehensive manner at all times was stressed. An area for improvement was made.

Feedback from support staff also highlighted that there were infrequent occasions whenever care staff from the adjacent residential care home, which is located on the same site, had provided assistance to the supported living staff. Whilst the registered manager advised that such assistance was time limited and only occurred if the residential service had additional staff on duty, it was stressed that both services should be staffed separately at all times. The need to ensure that both services are appropriately staffed in order to effectively meet the assessed care needs of service users/residents at all times was further stressed. It was also agreed that any changes in staffing arrangements should be reflected in the staff roster for each service. These findings were also shared with the aligned RQIA care inspector for the residential care home following the inspection and will be reviewed during future inspections.

The inspector viewed the agency's system to ensure that staff receive appropriate training to fulfil the duties of their role. A review of the agency's training matrix, in addition to discussion with the registered manager and staff confirmed that mandatory training had been completed for the majority of staff. Assurances were provided to the inspector that arrangements are in place for the remaining staff to receive training updates as part of an ongoing programme of training. Discussions with staff on the day of inspection identified that they considered the training they had received to be of a good standard and had supported them in fulfilling their roles and responsibilities. It was positive to note that the agency provided further training in addition to their mandatory requirements, such as diabetes awareness, dementia awareness, end of life care, human rights, General Data Protection Regulation (GDPR) and activities. The registered

manager also advised that specific training was provided to staff by the local Western Health and Social Care Trust (WHSCT) brain injury team.

A discussion with the registered manager confirmed that there had been no adult safeguarding referrals made to the WHSCT since the last care inspection. 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 safeguarding records.

The inspector reviewed the process for reporting and management of incidents within the agency. Prior to the inspection it was noted that 38 incidents had been notified by the service to RQIA. Discussion with the registered manager confirmed that all of these had been submitted to RQIA unnecessarily. The inspector referred to guidance available on the RQIA website with regards to the statutory notification of incidents to help ensure that all future notifications are submitted only when required. The registered manager maintained a record of all incidents and accidents and these had been audited on a monthly basis by a senior manager. A review of a sample of records evidenced that appropriate management of incidents/accidents and follow up actions, including liaison with service users' relatives and WHSCT representatives was undertaken. The inspector noted that the agency's incidents policy had specific incident and accident forms; the inspector found that incidents were typically recorded on the accident form rather than the available incident form. This was discussed with the registered manager and it was agreed that the agency's incident form would be used, as appropriate, following the inspection.

Staff spoken with provided feedback which indicated that they had a good understanding of the management of risk, and the importance of reporting any issues to the management team in a timely manner. They were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and about poor practice, and were confident of an appropriate management response. The agency's Whistleblowing policy and procedure was reviewed and found to be satisfactory.

Feedback from the majority of service users evidenced that they felt the care provided was safe, while one service user, who stated the service was "under staffed" did not. The following is a sample of comments made during the inspection:

**Service users' comments:**

- "Staff are very good; no concerns."
- "All the staff are marvellous; I couldn't complain about anything."

Discussion with staff and a visiting professional evidenced that they felt the care provided was safe. The following is a sample of comments made:

**Staff comments:**

- "Staff provide support as needed and are always in the background."
- "Training helps big time to do the job."
- "Love coming to work."
- "There is adequate staff to meet the needs of tenants but it would also be good to have an extra staff member at times to support tenants going out more."

**Visiting professional comments:**

- “Staff are always courteous and will provide assistance if necessary to enable me to undertake my visits.”

Ten service users returned completed questionnaires to RQIA. Nine respondents indicated that they were very satisfied that the care provided to service users was safe while one respondent was unsatisfied.

**Areas of good practice**

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

**Areas for improvement**

Two areas for improvement were highlighted in regard to the staff roster and staff induction records.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	1

**6.5 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 service users were reviewed during the inspection process. The full nature and range of service provision is laid out in the agency’s Statement of Purpose and Tenants Handbook. A review of the Statement of Purpose and tenant’s handbook by the inspector following inspection identified that some minor amendments were necessary. These documents were received by RQIA post inspection and noted to be satisfactory.

The inspector reviewed a sample of three service users’ care records. The care records were noted to be comprehensive and maintained in an organised manner. The care records evidenced referral information; risk assessments; Speech and Language Therapy (SALT) assessments, as needed; care and support plans; and annual care reviews with the relevant WHSCT professionals. Care plans were noted to be holistic and person centred while clearly and concisely describing service users’ needs. For instance, the care records for each of the three service users evidenced extensive information within relevant care plans and support plans while also appropriately referencing any human rights considerations. This approach is commended. It was noted that one service user agreement for an identified service user had not been signed by the service user. The registered manager agreed to action this.

Review of service user care records evidenced that collaborative working arrangements were in place with service users’ next of kin and other key stakeholders. The inspector noted that liaison with others on behalf of, or in respect of, service users was evidenced within the agency’s daily care recording system. Care records also demonstrated that an annual review of service users’ care had occurred with relevant WHSCT keyworkers. A review of care records further confirmed that staff maintained an accurate and contemporaneous record of all care provided on a daily basis.



Feedback from staff highlighted that effective communication was maintained by means of a daily handover meeting. Staff stated that this provided them with an opportunity to discuss and review the ongoing care and support needs of service users.

Care records are largely recorded using an electronic 'Epic' system. Review of the environment confirmed that all records were stored safely and securely in keeping with legislative and best practice standards.

The registered manager confirmed a range of systems in place to assess and review service user satisfaction and promote quality improvement via informal discussions; service user meetings; care reviews; the agency's complaints process and annual satisfaction surveys.

The inspector reviewed a sample of the minutes of the quarterly staff meetings conducted since the last care inspection. The meetings evidenced a quality improvement focus; a sample of minutes for September 2018 and December 2018 evidenced discussions on topics such as review of tenants' needs, the importance of maintaining confidentiality, sharing of information from an RQIA workshop and management of complaints. The inspector advised that minutes should clearly identify actions planned and by whom and within what timeframe. This will enable actions and outcomes to be more clearly reviewed at future meetings. The registered manager agreed to address this. The inspector discussed the development of the Northern Ireland Social Care Council website to include an adult social care learning zone which may be beneficial for promoting staff development and training opportunities for use within team meetings in the agency. The registered manager advised that they would review this resource and share with the staff team.

Discussion with service users and staff evidenced that they felt the care provided was effective. The following is a sample of comments made:

#### **Service users' comments:**

- "If I buzz for help they (staff) respond straight away."
- "It was difficult moving in at first but the place is now homely."

#### **Staff comments:**

- "(We) can access care/support plans and risk assessments anytime on the Epic system."
- "We are aware of tenants' needs; they are like family; we get to know what they like and don't like."

Ten service users returned completed questionnaires to RQIA. Seven respondents indicated that they were very satisfied and two respondents indicated they were satisfied that the care provided to service users was effective. One respondent indicated that they were neither satisfied or unsatisfied that the care provided was effective.

#### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, collaborative working and staff communication.

#### **Areas for improvement**

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspector assessed the agency's ability to treat service users with dignity, equality, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

Discussion with staff found that actions taken were underpinned by principles of confidentiality, privacy, respect and choice. Staff acknowledged the need to ensure that service user consent is obtained as appropriate and that confidentiality is upheld. The staff spoken with on the day of inspection spoke positively about the practice of their colleagues and raised no concerns.

The registered manager confirmed that service user meetings are held regularly. A review of a sample of minutes for meetings in January 2018, September 2018 and February 2019 evidenced a focus on service users' safety, with several topics discussed, such as fire safety; building and personal security and the provision of one to one feedback from service users. In addition, the registered manager stated that a community police officer had visited upon request on 10 March 2018 to speak with tenants and provide advice in regard to general safety.

The inspector recommended that the minutes of the service user group meetings should be amended to clearly reflect actions planned, who is responsible and within what timeframe. This will enable actions and outcomes to be more clearly reviewed at future meetings. The registered manager agreed to include this information in the minutes for future meetings.

The culture and ethos of the service is focused on promoting service user independence while fostering and maintaining links with the local community. It was also encouraging to note the provision of a range of planned activities for service users; this included options such as, armchair exercises, bowls, board games and regular access to hairdressing services. The activity calendar was displayed in a prominent position on a service user notice board.

The service user notice board was also used to further inform and engage with service users by containing various items such as, a poster informing service users about the role of RQIA; quality survey satisfaction responses and copies of the complaints procedure. The registered manager also highlighted the use of a 'You said/We did' record which provided instances of how the service had responded to service users' suggestions.

Discussion with the registered manager also highlighted a high level of commitment to endeavouring to prevent premature service user admissions into long term nursing care. For instance, the registered manager stated that by accessing additional support from the WHSCT, they had enabled some service users to remain within the supported living setting for longer.

Discussion with service users and staff evidenced that they felt the care provided was compassionate. The following comment was made:

**Service users' comments:**

- "I am very happy here."

**Staff comments:**

- "Promoting independence is very important."
- "If appropriate, I would help motivate the tenants to complete some of the tasks together with me."
- "We are always trying different activities."
- "We are all a team here, with the tenants as well."
- "You have some good fun with the tenants."

Ten service users returned questionnaires to RQIA. Six respondents indicated that they were very satisfied and four respondents indicated that they were satisfied that the care provided to service users was compassionate.

**Areas of good practice**

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

**Areas for improvement**

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector 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 teams of senior support workers/support workers and an administrator. The registered manager and administrator also have responsibility for a residential care home, which is located on the same site, as part of their roles.

There was a clear organisational structure and the registration certificate was up to date and displayed appropriately.

Discussions with the registered manager and staff on the day of inspection described positive working relationships in which issues and concerns could be freely discussed, and staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by the registered manager. Staff demonstrated that they had knowledge of their role, function and responsibilities.

The registered manager confirmed that the agency has a range of policies and procedures in place to guide and inform staff. Staff confirmed that they can access the policies and procedures as needed.

The inspector discussed the monitoring arrangements under regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Monthly quality monitoring visit reports were available to be examined. The reports for November 2018, December 2018 and January 2019 were examined and evidenced consultation with service users. The reports provided a review and audit of the conduct of the agency and included comprehensive action plans which evidenced that identified actions had been carried out/reviewed accordingly.

A joint annual quality report is completed which focuses on service provision in both the agency and residential care home, located on the same site. The registered manager was advised that a separate annual quality report should be produced for each service, going forward.

Discussions with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. Staff spoken with during the inspection confirmed the availability of continuous update training alongside supervision/appraisal processes, and an open door approach for discussions with the management team. Review of a sample of records verified that staff had received a number of individual supervision sessions and an annual appraisal since the last inspection.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council or other regulatory body, as appropriate. Discussion with the registered manager and a review of records confirmed that the registered manager and senior management staff monitored the NISCC registration of all staff. These records reflected that checks undertaken had confirmed that all staff listed were actively registered with NISCC with the exception of one staff member who was on a period of leave. The registered manager stated that all staff are fully aware that they are not permitted to work in the setting if their NISCC registration has lapsed.

Discussion with the registered manager and a review of complaints records evidenced that several complaints had occurred since January 2018. While it was noted that the registered manager had responded to each of these complaints and submits a complaints analysis to the WHSCT on a quarterly basis, the complaint records for individual complainants lacked sufficient detail. The need to maintain comprehensive and individual records of all complaints which clearly include whether complainants are satisfied/dissatisfied with any actions taken was highlighted. An area for improvement has been made in this regard.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, the registered manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the agency collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when person centred care and support plans are developed.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- individualised person centred care
- individualised risk assessment
- disability awareness

Discussion with service users evidenced that the majority felt the service was well led, while one service user did not. The following comment was made:

**Service users’ comments:**

- “I can talk to the staff or manager if I had any complaints to make but I have none.”

Discussion with staff evidenced that they felt the service was well led. The following comment was made:

**Staff comments:**

- “Manager is very approachable.”
- “There is good communication between the team and the manager.”

Ten service users returned completed questionnaires to RQIA. Nine respondents indicated that they were very satisfied that the service was well led while one did not.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to monthly monitoring visits, monitoring the professional registration of staff and staff management.

**Areas for improvement**

One area for improvement was highlighted in relation to complaints management.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 Margaret Irwin, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16 (1)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that the staff roster is maintained in an accurate and contemporaneous manner at all times.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> The advice given by the Inspector has been applied. The staff roster details all staff working directly to deliver care and support, including the Registered Manager, when this is the case, between 8am and 10pm each day.
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.7  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that all staff induction records are completed in a timely, comprehensive and detailed manner at all times.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> The record identified during the Inspection has been updated and completed.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 15.10  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	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.  <b>Ref:</b> 6.7  <b>Response by registered person detailing the actions taken:</b> The Registered Manager has reviewed the complaints record to ensure sufficient detail is provided, including actions taken and complainant satisfaction level with Radius response.

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