

# Unannounced Care Inspection Report

## 15 May 2017



## Gnangara

**Type of service: Domiciliary Care Agency**  
**Address: 163 Sligo Road, Drumawill, Drumawill, BT74 7JZ**  
**Tel no: 02890394557**  
**Inspector: Jim McBride**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Gngara took place on 15 May 2017 from start time 10.00 to 14.30.

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

### Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. The inspection outcomes demonstrated continued compliance with regulations and standards. No areas for quality improvement were identified.

### Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. The inspection outcomes demonstrated continued compliance with regulations and standards. No areas for quality improvement were identified.

### Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. The inspection outcomes demonstrated continued compliance with regulations and standards. No areas for quality improvement were identified.

### Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives are provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. The inspection outcomes demonstrated continued compliance with regulations and standards. No areas for quality improvement were identified.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Margaret Irwin, registered manager, as part of the inspection process and can be found in the main body of the report.

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

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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 19 May 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Fold Housing Association Fiona Mc Anespie	<b>Registered manager:</b> Margaret Irwin
<b>Person in charge of the service at the time of inspection:</b> Margaret Irwin	<b>Date manager registered:</b> Registration Pending

## 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report;
- Previous returned quality improvement plan;
- Record of notifiable events for 2016/2017;
- Record of complaints notified to the agency;
- Communications with the agency.

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

- Discussion with the registered manager and care staff;
- Examination of records;
- File audits;
- Evaluation and feedback.

Service user's daily recording records;

Recruitment policy and procedure (June 2016);  
 Staff member's records;  
 Induction policy and procedure programme of induction and supporting templates (June 2016);  
 Staff member's induction and training records;  
 2017 Annual quality report;  
 Staff duty rotas;  
 Service user records regarding referral, assessment, care planning and review;  
 Quality monitoring records;  
 Staff training records including:  
*Safeguarding*  
*Medication*  
*Manual handling*  
*Risk assessment*  
*Human rights*  
*Managing resident's money*  
*Dementia awareness*  
*Challenging behaviour*  
 Complaints;  
 Service user reviews;  
 The agency's statement of purpose (June 2016)  
 Monthly monitoring reports completed by the registered provider.

## 4.0 The inspection

Gnangara is a supported living type domiciliary care agency situated on the outskirts of Enniskillen. The agency provides care and housing support for up to 17 individuals. During the inspection the inspector spoke with the manager and three care workers no service users were available for comment. Their feedback has been included throughout this report.

At the request of the inspector the manager was asked to distribute seven questionnaires to staff for return to RQIA, seven questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users, and or relatives. One questionnaire was returned. Further detail of staff and service user feedback is included throughout this report.

Following discussion with the registered manager and staff, there was evidence of outcomes for service users. This has been demonstrated by the agency throughout this report.

The inspector would like to thank the agency staff for their warm welcome and full cooperation throughout the inspection process.

## 4.1 Review of requirements and recommendations from the last care inspection dated 19 May 2017

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 7  <b>Stated:</b> First time	The registered person shall keep under review and, where appropriate, revise the Statement of Purpose and Service Users Guide.  This requirement relates to the documents outlined above that are required to reflect the current management arrangements.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The statement of purpose has been updated and reviewed (June 2016) and was satisfactory.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 16 (1) (a)  <b>Stated:</b> First time	16.—(1) Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that— (a) there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency;	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The agency staffing rotas were examined and were satisfactory. There is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 23-(1)  <b>Stated:</b> First time	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.  This requirement relates to the current system of evaluation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed a number of quality monitoring reports in place. The documentation in place was satisfactory and have been referred to in this report.	

Last inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 9.5  <b>Stated:</b> First time	The registered person should establish a system to ensure that policies and procedures are subject to a systematic three yearly review. This recommendation relates to a number of policies examined by the inspector during this inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The agency has completed a number of policy updates in line with legislation and continues to update policies as required. The documentation in place was satisfactory.	

#### 4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. Staff spoken with highlighted the level of management support available.

The inspector received feedback from the manager and staff which indicated that the needs of service users are at the centre of decision making. The inspector noted the staff team is currently fully staffed and also included a number of as and when required staff in place. The staffing arrangements enable the agency to provide familiar staff to service users who particularly like staff continuity. The manager is responsible for the day to day provision of services and she demonstrated good knowledge of service users during inspection discussions and review of records. The staffing arrangements provided by the agency have contributed to positive outcomes for service users. This was supported during discussions with staff.

It was noted that the agency has a comprehensive induction policy and induction programme which includes an initial period of induction to the service and shadowing experienced staff over a period of time. The inspector received feedback from staff which indicated that the induction period prepares staff for their roles and responsibilities within the agency. The inspector noted some of the areas covered during induction:

- Policies and procedures;
- Communications;
- Courtesies;
- Finance;
- Job role;
- Training and development.

The inspector noted that the staffing arrangements include flexibility to allow service users the time they need to get to know new staff before they provide services alone in the service users' home.

The inspector received feedback from staff and through observation which indicated that the needs of service users are a primary consideration in staffing arrangements and have contributed to positive outcomes for service users.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards. Staff discussed key training as an ongoing process with provision for additional training as identified.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with the agency policy. Six records reviewed indicated staff supervision and appraisal had taken place in line with the agency procedure and this was confirmed with the acting manager and staff.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed regional and local guidelines maintained by the agency in relation to the safeguarding of adults. The inspector received feedback from staff and examined documentation which indicated that safeguarding training provided by the agency includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

Staff described safeguarding training as being of a good standard and relevant to their roles. Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter.

The inspector noted that the director of care services is identified as adult safeguarding champion. Their local point of contact is with two senior managers and registered service managers. The safeguarding champion is responsible for advising on safeguarding, monitoring safeguarding and monitoring appropriate returns to them. The safeguarding champion provides safeguarding advice and has overall responsibility to ensure staff training is provided.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. The agency maintains a system of access at all times to the acting manager or senior staff members who have knowledge of the needs of service users.

The manager described the agency's role working with the HSC Trust in relation to safeguarding concerns. The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice/whistleblowing, and are confident of an appropriate management response.

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The inspector examined referral and review arrangements with the HSC Trust which include risk assessments and care/support plans.

The agency's registered premises include a range of offices and staff facilities within the building which are suitable for the operation of the agency as set out in the Statement of Purpose.

One returned questionnaire from service users indicated that:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm.



Seven returned questionnaires from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal.

#### **Staff comments during inspection:**

- “The staff are well trained.”
- “Staff are aware of care and support plans in place that meet service user’s needs.”
- “I had a great induction to tenants and other staff were very helpful.”

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### **4.3 Is care effective?**

The agency’s arrangements for appropriately assessing the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose and Service User Guide. (June 2016)

The inspector reviewed a range of service users’ care and support plans. The inspector was informed that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessment provided by the HSC Trust multi-disciplinary team. Service users receive a yearly review or more often if required. The inspector examined a number of records of annual reviews in place; these records in place were satisfactory and highlighted good service user communications. The inspector noted some of the comments from service user and relatives during their annual reviews:

- “Lovely top class.”
- “\*\*\*\*\* feels very safe and secure here.”
- “The quality of the service is good.”
- “A good approach by staff.”
- “\*\*\*\*\* feels in control in her home.”
- “The quality of the care is excellent.”

Records indicated regular evaluation and review of care plans, including involvement as appropriate with service users’ relatives and the HSC Trust; this was supported by feedback from agency spoken with during the inspection process.

The agency has developed and maintained a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by a range of senior staff from Fold. The quality monitoring system provides an effective standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of staff, relatives and HSC Trust professionals. The inspector noted some of the comments made by service users, relatives, staff and HSC Trust professionals during the monthly quality monitoring:



**Service users:**

- “My needs are being met and staff treat me with dignity.”
- “Staff are here for me when I’m down.”
- “I enjoy the safety and security here.”
- “Staff are kind and professional.”
- “I’m very happy here.”
- “The manager is supportive.”
- “This has been a good move for me.”
- “I could not be happier.”

**Staff:**

- “Staff are well supported by the manager.”
- “I’m confident in how to deal with complaints.”
- “Training is of good quality and appropriate to the task to be carried out.”
- “Care is good and is person centred.”

**Relatives:**

- “I appreciate the time you take to make my \*\*\*\*\* a priority.”
- “Thank you for keeping the family informed and updated.”
- “I am very happy with the care \*\*\* receives.”
- “Thank you for the help in making this difficult process seamless for me and my family.”

**HSC Trust Staff:**

- “I cannot find fault over the care.”
- “I would happily place a family at the scheme.”

The agency’s systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. It was evident that the agency works effectively to implement appropriate communication methods and participate in ongoing re-evaluation to enhance services provided to the service users. In the course of the inspection the inspector observed that staff were aware of and promoted effective communication with all service users.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. Tenants meetings minutes were reviewed during inspection and areas for discussion included:

- New staff;
- Community safety;
- Health and safety;
- Maintenance.

The meetings provide ongoing opportunities to discuss key service user matters and to review matters arising regularly. Communications systems maintained by the agency provided evidence of effective communication, including a complaints and compliments process, tenant

meetings, staff meetings, quality monitoring reports and ongoing care plan reviews between keyworkers and service users.

One returned questionnaire from service users indicated that:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm

Seven returned questionnaires from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal

#### **Staff comments during inspection:**

- “Supervision and training are good; I have no problems in these areas.”
- “Handovers between staff is excellent.”
- “Staff communicate well with each other.”
- “Staff are always available to new staff during induction.”
- “I’m very happy here and the care I provide to tenants is effective and helps in their daily Lives.”

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### **4.4 Is care compassionate?**

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support.

The inspector found that an ethos of dignity and respect, rights, equality and diversity was reflected throughout staff attitudes and the delivery of service. Discussion with staff and observation of their interactions with service users during the inspection showed that staff understand and respect the needs and wishes of service users.

The inspector observed staff promoting the independence and choice to service users throughout their interactions and provision of service delivery. Discussions with staff evidenced that staff focus on people as individuals with different care and support needs.

Staff discussed how service users expect to have their voices heard in relation to care and support planning. Staff stated service users support plans are discussed and reviewed with each individual tenant or their relatives using individual communication methods as necessary to support the process.

The agency maintains formal processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey. The inspector noted the positive feedback received by the agency following their annual quality review 2017. Service users were asked to feedback on the following areas:

- How would you rate care and support?
- Do you feel your wishes are listened to?
- Do you feel you are treated with dignity and respect?
- Do you attend residents meetings?
- Are you aware of the complaints procedure?
- How do you rate the staff?
- What do you think of the variety of activities?

The agency also sought comments from relatives and HSC Trust professionals. The inspector also noted the positive feedback from them in the following areas:

#### **Relatives:**

- How would you rate the care and support your relative receives?
- Do you feel your relatives wishes are listened to?
- Do you feel you relative is treated with dignity and respect?
- Are you aware of the complaints procedure?
- How do you rate the staff?

#### **HSC Trust:**

- Are staff courteous?
- Do you feel the staff demonstrate a sound understanding of their resident's health and wellbeing?
- Do the management and seniors provide you with adequate information on the residents?
- How do you rate the living environment?

The inspector noted that the information collated during the annual survey was shared with service users, staff and relatives.

One returned questionnaire from service users indicated that:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm

Seven returned questionnaires from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal

#### **Staff comments during inspection:**

"Care is completed as required with good attention to detail."

"Staff care about the needs of the tenants."

"Staff spend whatever time it takes to ensure good care is provided."

"Staff follow care plans and treat people with dignity and respect."

## Areas for improvement

No areas for improvement were identified during the inspection.

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

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that systems of management and governance established by the agency have been implemented. The agency is managed on a day to day basis by a registered manager and a range of staff with specific roles and responsibilities.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA.

The inspector saw evidence of reflective learning when reviewing service users' needs, and continued communication with service users and relatives in maintaining and improving the quality of life for service users.

The manager discussed the process for reviewing any incidents individually, and collectively to analyse trends and formulate effective improvement plans.

The inspector noted positive feedback from the HSC Trust professionals regarding the ability of the agency to work in partnership, and their commitment to learn, develop and implement strategies consistently to ensure the best support are available to service users.

The management structure of the agency is clearly defined and was well understood by staff. Staff provided feedback that they were confident of the manager's ability to address any concerns they may have. Staff stated that the current manager is really approachable and very supportive to them all one stated: *"She's a breath of fresh air to the tenants and staff."*

The agency maintains a comprehensive range of policies and procedures which were highlighted during inspection. These policies were in line with the three year timeframe recommended in the domiciliary care agency standards. Policies and procedures are maintained in paper format and are also available on the intranet accessible to all staff. It was noted that all policies and procedures are currently being reviewed in line with new organisational structures.

The agency maintains and implements a policy relating to complaints. The inspector noted that no complaints had been received during the reporting period of 01 April 2016 to 31 March 2017. Review of this record supported appropriate processes in place for complaints review.

Staff could describe how they would respond to concerns about the performance of a colleague and knew how to access the whistleblowing policy. There are effective systems of formal and informal supervision and consultation, both inside and outside of normal working hours. Staff that provided feedback to the inspector had been informed of their responsibilities and understood their roles. The inspector noted that staff work effectively as a team, particularly with regard to maintaining consistency enjoyed by service users.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families, which are valued by staff. It was evident to the inspector that effective partnership working with HSC Trust professionals has resulted in positive outcomes for service users.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary. A recent review was completed by the agency in (June 2016). The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards. The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that the majority of staff are registered with NISCC. Documentation in place showed that the remaining staff are awaiting their registration certificates.

One questionnaire returned from service users indicated that:

- The care they receive meets their needs and expectations
- The service is managed well

Seven questionnaires returned from staff indicated that:

- Current staffing arrangements meet service user's needs
- Any complaints from service users are listened to

#### **Staff comments during inspection:**

- "The manager is always approachable and has been effective in the service."
- "The manager ensures we meet the resident's needs by ensuring our training, supervision and appraisal is updated."
- "The service is well led by a professional manager and staff."

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 provider from their responsibility for maintaining compliance with the regulations and standards.



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