

Announced Domiciliary Care Agency Inspection Report 19 May 2016



Gnangara

Domiciliary Care Agency (DCA) / Supported Living
163 Sligo Road, Drumawill
Enniskillen, BT74 7JZ
Tel No: 02890394557
Inspector: Jim McBride

www.rgia.org.uk

1.0 Summary

An announced inspection of Gngangara took place on 19 May 2016 from 09.30 to 14.00.

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

Is care safe?

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. 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. 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. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to require improvement in a number of areas outlined below and included in the quality improvement plan (QIP). 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 were 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. However, requirements/recommendations for improvement have been made.

The registered person must keep under review and, where appropriate, revise the Statement of Purpose and Service Users Guide. This requirement relates to the documents as outlined that are required to reflect the current management arrangements.

A recommendation was made to ensure the registered provider develops a system which includes a visit to the agency by or on behalf of the registered person by someone who is not directly involved in the day to day running of the agency, to carry out the monthly visits and report on what they find.

The registered person should establish a system to ensure that policies and procedures are subject to a systematic 3 yearly review. This recommendation relates to a number of policies examined by the inspector during the inspection.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

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

1.2 Actions/enforcement taken following the most recent care inspection

A serious concerns meeting was convened on 13 June 2016, at the offices of RQIA, to address concerns about the management arrangements for the agency. A satisfactory action plan was provided by the agency outlining their arrangements to address this area of concern.

2.0 Service details

Registered organisation / registered person: Fold Housing Association Fiona Mc Anespie	Registered manager: Deirdre Carr (Acting)
Person in charge of the agency at the time of inspection: Senior Support Worker.	Date manager registered: Acting Manager as above

3.0 Methods/processes

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable events

During the inspection the following processes used include the following:

- Discussion with a senior support worker
- Examination of records
- Consultation with staff
- File audits
- Discussions with service users/relatives
- Evaluation and feedback

The following records were examined during the inspection:

- Eight care and support plans
- Health and Social Care (HSC) Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports for January, February and March 2016
- Minutes of staff meetings for September 2015, January, February and April 2016
- Minutes of tenants meetings held in July and September 2015. February 2016
- Staff training records relating to:
 - Vulnerable adults*
 - Challenging behaviours*
 - Human rights*
 - Dementia awareness*
 - Tenants' finances*
- Records relating to staff supervision/Appraisal
- Complaints /Incidents records
- Induction procedure
- Staff rota information

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 12 individuals. During the inspection the inspector spoke with a senior support worker, three care workers, two service users and one relative. Their feedback has been included throughout this report.

At the request of the inspector the senior support worker was asked to distribute ten questionnaires to staff for return to RQIA, two questionnaires were returned.

The manager was also asked to distribute ten questionnaires to service users, and or relatives. Six questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

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

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

4.1 Review of requirements and recommendations from the most recent inspection dated 22 July 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 22 July 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 16 (2) (a) Stated: Second time	<p>The registered person shall ensure that each employee of the agency receives training and appraisal which are appropriate to the work he is to perform.</p> <p>Action taken as confirmed during the inspection: The inspector noted a number of training events that had taken place since the last inspection. The records of training in place were satisfactory for all staff.</p>	Met
Requirement 2 Ref: Regulation (23) Stated: Second time	<p>23—(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>Action taken as confirmed during the inspection: The inspector examined the last three months quality monitoring reports for March, April and May 2016. The reports evidenced consultation with service users and their representatives.</p>	Met

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 13.2 Stated: First time	The policy and procedures detail the arrangements for and frequency of supervision and staff appraisal.	Met
	Action taken as confirmed during the inspection: The updated supervision policy and appraisal policy indicates clearly the frequency and expectations for both procedures. This was updated by the agency on the 8 September 2015 and was satisfactory.	
Recommendation 1 Ref: Standard 12.4 Stated: Second time	It is recommended that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.	Met
	This recommendation refers to the training of all staff in human rights. Action taken as confirmed during the inspection: Human Rights Training was completed by all staff. This training was completed on the 23 November 2015.	

4.3 Is care safe?

The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. The inspector was advised by the manager that service users are introduced to, and advised of the names of staff that will be providing care and support; this information is also included in the statement of purpose and the service user's guide.

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The inspector examined six care plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users and/or representative's views had been obtained and incorporated.

The agency has in place a written policy and procedure for the recruitment of staff. Records in place evidence the completion of pre-employment checks.

The agency has a structured staff induction programme which includes shadowing by an experienced staff member for all newly appointed staff, as well as induction of staff for short notice/emergency arrangements.

The agency's induction standards are in line with the Northern Ireland Social Care Council (NISCC) standards for new workers in social care. One staff member stated "*The induction is comprehensive.*"

Induction records examined by the inspector include the following topics:

- Facilities and welfare
- Policies and procedures
- Communication
- Finances
- Courtesies
- The role of the care worker
- Training and development
- Company induction
- Induction reviews

Records examined evidenced that staff have received core mandatory and other relevant training. Records of induction, including short notice procedures and including mandatory training, were retained within staff files reviewed. Staff confirmed that they have direct access to all policies and procedures which are held centrally within the agency. Staff reported that they have regular supervision. The inspector examined staff rotas for weeks ending 8 May 2016, 15 May 2016, 22 May 2016 and 29 May 2016 and was satisfied that the agency's care staff resources meet service user needs. Discussions with staff indicated that an appropriate number of suitably skilled and experienced staff were available at all times.

Staff interviewed demonstrated an awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. Staff were aware of their obligations in relation to raising concerns about poor practice. A senior support worker stated that all suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed.

The two service users interviewed by the inspector stated that they felt safe and secure in their homes.

Other comments included:

- "Staff are all very good."
- "I'm very safe here."

Staff comments:

- "The tenants are safe in this secure environment."
- "My induction and training helps me to keep the tenants safe and cared for."
- "We are all trained to meet the tenants' needs."

Two returned questionnaires from staff indicated:

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

Six returned questionnaires from service users indicated that:

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

Service users' comments:

- "I feel very safe and secure."

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

The service users interviewed by the inspector stated that they are aware of whom they should contact if there any issues regarding their care. Both stated "*The manager.*"

Service user records viewed by the inspector evidenced regular contact and feedback received from service users had been followed up. These records evidenced that the agency and the HSC Trust carries out care reviews with service users if changes to their needs are identified. The inspector noted a number of comments made by service users and relatives during their last reviews:

- "Excellent 5 star service."
- "It's lovely to be here."
- "I feel safe and secure, staff carry out daily checks"
- "I'm free and independent here now."
- "It was a good decision to move here."

The agency maintains a daily contact record for each service user. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user.

The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate. Service users and their representatives are advised of independent advocacy services within the Service User Guide.

Staff interviewed provided examples to demonstrate how they promote service user independence, choices and respect. The service users interviewed were aware of whom they should contact if any issues arise regarding the service. The most recent monthly quality monitoring reports reviewed, evidenced that working practices are being systematically reviewed.

Staff confirmed that they worked very well as a team and that staff meetings are held on a regular basis.

Care records examined reflected individualised assessments and person centred care plans, including choice and preferences, dignity and respect recorded in a manner which promotes the interests of each service user. It was good to note that service users or their representatives are included in decision making regarding their care plan. Service users are also given the opportunity to comment on the quality of service.

Tenants Comments:

- “Staff communicate with me well.”
- “All staff are very good at the job and if you have a problem they help.”

Staff comments:

- “We have comprehensive induction and training to help with the post.”
- “The team communicate well with each other.”
- “Supervision is good the senior staff are very good at listening to the staff.”

Two returned questionnaires from staff indicated:

- Service users get the right care, at the right time and with the best outcome for them.
- There are systems in place to monitor the quality/safety of the service you provide

Staff comments:

- “Very good effective care provided by staff.”

Six returned questionnaires from service users indicated that:

- Staff are trained to meet our needs.
- They get the right care, at the right time and with the best outcome for them.

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The agency’s Statement of Purpose and Service Users Guide suggests that staff will ensure that the beliefs and values of each service user are embedded in the day to day operation of the service. The staff described to the inspector that values form an important part of care provision including privacy, dignity, independence, choice, rights and fulfilment.

The service users interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff.

No concerns were raised regarding the staff treating the service users with dignity or respect. Service users, as far as possible, are offered choices and are encouraged to complete tasks themselves when appropriate. Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Tenants comments:

- “Staff helped me to overcome some difficulties I had in my life.”
- “I’m treated very well by all staff.”
- “***** is so kind and really helpful.”

Staff Comments:

- “The tenants care needs come first.”
- “We know the tenants well and are aware of all their care needs.”
- “Tenants feel comfortable and safe here.”

Two returned questionnaires from staff indicated:

- Service users are treated with dignity and respect and involved in decisions affecting their care.
- That the people who use the service have their views listened to.

Six returned questionnaires from service users indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care.
- Their views and opinions sought about the quality of the service.

Service users’ comments:

- “Very good care from Staff.”
- “Compassionate care is very true for me.”

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. The Statement of Purpose and Service Users Guide require to be updated to reflect the current management arrangements. The registered provider is required to ensure this area is addressed.

The policy and procedure manual was reviewed and the contents discussed with the senior support worker. Staff confirmed that they had access to the agency’s policies and procedures. The arrangements for policies and procedures to be reviewed, at least every three years, was not found to have been implemented as a number of policies sampled required updating. The registered provider is recommended to ensure this area is addressed.

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The report evidenced how the agency ascertains and responds to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring provide assurance of quality monitoring and service improvement. However, these reports should be completed in line with the 2012 guidance (Monitoring Quality in a Domiciliary Care Agency: Guidance for Registered Providers) which states: *"The registered provider must develop a system which includes a visit to the agency by or on behalf of the registered person by someone who is not the manager and who is not directly involved in the day to day running of the agency, to carry out the monthly visits and report on what they find."*

The service users interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The agency had received no complaints during this period.

Discussion with the senior support worker and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Incident records viewed demonstrated that appropriate action had been taken with staff on receipt of incident reports.

The care workers interviewed indicated that they felt supported by the senior staff that were described as approachable and helpful.

Tenants comments:

- "***** is very good she listens to me and helps."
- "No problem with any staff or managers."

Staff Comments:

- "***** and the other senior staff communicate well with the staff and listen to our concerns."
- "My supervision is one to one and a confidential space to discuss my concerns."
- "***** is very good and has an open door for all staff at any time."
- "***** is very supportive to all the staff and a good listener."
- "The registered manager is only here occasionally."

Two returned questionnaires from staff indicated:

- The service is managed well.
- Were satisfied that quality monitoring is undertaken regularly for both staff/volunteers and people who use the service.

Six returned questionnaires from service users indicated that:

- Feel the service is managed well.
- They were satisfied that any concerns or complaints would be listened to and responded to.

Service users' comments:

- “The service is well managed and needs are listened to.”

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

Areas for Improvement

During the primary inspection of the agency the inspector noted the following:

The RQIA registration certificate in place stated that the registered manager (Acting) within the service is Mrs Deirdre Carr. The inspector could find no evidence of Mrs Carr on the following rotas examined. W/E 8/5/16, 15/5/16, 22/5/16 and the 29/5/16. Following discussions with the senior support worker on duty three staff members and two service users it was evident that they referred to ***** as the manager. The staff described Mrs Carr the registered manager as being in the service “Occasionally”.

A serious concerns meeting was convened on 13 June 2016, at the offices of RQIA, to address concerns about the management arrangements for the agency. A satisfactory action plan was provided by the agency outlining their arrangements to address this area of concern.

The registered person must keep under review and, where appropriate, revise the Statement of Purpose and Service Users Guide. This requirement relates to the documents as outlined that are required to reflect the current management arrangements.

A recommendation was made to ensure the registered provider develops a system which includes a visit to the agency by or on behalf of the registered person by someone who is not directly involved in the day to day running of the agency, to carry out the monthly visits and report on what they find.

The registered person should establish a system to ensure that policies and procedures are subject to a systematic 3 yearly review. This recommendation relates to a number of policies examined by the inspector during the inspection.

Number of requirements:	1	Number of recommendations:	2
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with a senior support worker as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Agencies.Team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 7</p> <p>Stated: First time</p> <p>To be completed by: 19 July 2016</p>	<p>The registered person shall keep under review and, where appropriate, revise the Statement of Purpose and Service Users Guide.</p> <p>This requirement relates to the documents outlined above that are required to reflect the current management arrangements.</p> <p>Response by registered person detailing the actions taken: SOP and service users guide provided on the day in the absence of the Manager was not the current SOP and Service users guide in place. These have since been made available, and previous documents archived.</p>
<p>Requirement 2</p> <p>Ref: Regulation 16 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 19 July 2016</p>	<p>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—</p> <p>(a) there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency;</p> <p>Response by registered person detailing the actions taken: As explained to Inspector during the inspection, the Saturday identified is not reflective of the daily rota in operation at the home. The Saturday was an exceptional situation where an employee phoned in sick, the agency staff cancelled their shift and no additional cover was available from the agency.</p>
<p>Requirement 3</p> <p>Ref: Regulation 23-(1)</p> <p>Stated: First time</p> <p>To be completed by: Immediately</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>This requirement relates to the current system of evaluation.</p> <p>Response by registered person detailing the actions taken: Actioned</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 9.5</p> <p>Stated: First time</p> <p>To be Completed by: 19 August 2016</p>	<p>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.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>As explained during the inspection the Organisation have a team of managers reviewing policies and procedures, a number of which were advised during inspection were in draft and waiting Board approval.</p>



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews