



The Regulation and
Quality Improvement
Authority

Gnangara
RQIA ID: 11225
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Drumawill, Enniskillen
BT74 7JZ

Inspector: Audrey Murphy
Inspection ID: IN22265

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**Unannounced Care Inspection
of
Gnangara**

22 July 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 22 July 2015 from 10.00 to 16.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

The details of the QIP within this report were discussed with the manager following the inspection as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Fold Housing Association/Fiona McAnespie	Registered Manager: Margaret Irwin (not registered)
Person in charge of the agency at the time of Inspection: Senior Care Worker	Date Manager Registered: N/A
Number of service users in receipt of a service on the day of Inspection: 7	

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.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Complaints records
- Records of incidents notified to RQIA
- Inspection report of 15 October 2014 and quality improvement plan.

The agency had reported 14 incidents to RQIA since the previous inspection, 12 of which related to the management of behaviours that challenge. The remaining incidents were in relation to accidents that had been experienced by service users in their own homes. The inspector was satisfied that these incidents been appropriately managed in conjunction with the HSC Trust.

During the inspection the inspector met with four service users and with one service user's relative. The inspector spoke with two staff and the manager was also present for part of the inspection.

The inspector distributed questionnaires to staff and service users during the inspection and five of these were returned by staff and eight by service users.

The following records were examined during the inspection:

- Staff duty rotas (current and previous)
- Induction, Supervision, Development and Competency Assessment Policy
- Whistleblowing policy
- Staff training records
- Recruitment and Selection policy
- Induction records
- Monthly quality monitoring reports
- Policy on Use of Agency Staff
- Staff handbook
- Index of staff
- Care records
- Training records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 15 October 2014. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16 (2) (a)	The registered person shall ensure that each employ of the agency— (a) receives training and appraisal which are appropriate to the work he is to perform; This requirement refers to but is not limited to the provision of training in challenging behaviour.	Partially Met
	Action taken as confirmed during the inspection: The agency's training records indicated that not all staff had received training in challenging behaviour; this requirement has been restated.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 12.4	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. This recommendation refers to the training of all staff in human rights.	Partially Met
	Action taken as confirmed during the inspection: The agency's training records indicated that not all staff had received training in human rights; this recommendation has been restated.	

<p>Recommendation 2</p> <p>Ref: Regulation 2.2</p>	<p>It is recommended that the service user's guide contains information on the following:</p> <ul style="list-style-type: none"> • how to access the service <p>This recommendation refers to the presence of a CCTV camera in the area leading to the agency's registered premises.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The agency's Tenant's Handbook was examined and had been revised to advise service users of the location of CCTV in this area.</p>		

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency's Recruitment and Selection Policy (June 2014) was examined and reflected the requirements of the regulations with regard to seeking satisfactory references, Enhanced Access NI disclosures, photographic identification and pre-employment health checks. The agency also has a 'Recruitment Progress Sheet' and 'Staff Recruitment and Selection Checklist' which are used to record the information held by Human Resources in respect of pre-employment checks completed, including pre-employment medical checks.

The agency's alphabetical index of staff was examined and contained details of both current and previously supplied staff.

The agency's induction records were examined and reflected a structured induction lasting at least three days. The induction records of two staff members were examined and included a completed induction checklist which had been signed by the member of staff and their supervisor. The induction records reflected the training needs identified during the induction period and the date of completion of the training.

All of the service users who returned a questionnaire indicated that they were satisfied or very satisfied with the staffing levels and that staff help them to feel safe and secure while living at Gngara.

The agency's Use of Agency Staff policy was examined and included the arrangements for checking identification and obtaining confirmation of pre-employment checks prior to supplying the worker. The agency's staff handbook was examined and includes information on conduct, behaviour and discipline, development opportunities, performance management, health, safety and welfare.

The agency's supervision arrangements were examined and the inspector noted there were two draft policies in place titled 'Induction, Supervision, Development and Competency Assessment Policy'. The draft policies outlined the arrangements for annual staff appraisals and staff supervision, however it was not clear which policy was to be implemented and the frequency of supervision differed in each policy.

The manager provided evidence to demonstrate that a record is maintained of staff supervision and appraisal, as outlined in the agency's policy.

Is Care Effective?

The agency is managed by the manager and there are senior care staff and care staff who provide care and support to service users over the 24 hour period. A senior member of staff is available at all times on site.

The agency's staff duty rotas were examined and reflected the supply of staff to the domiciliary care service.

Service users who participated in the inspection advised the inspector that generally there are enough staff supplied to meet their needs; some service users also commented on how busy the staff are and how this has increased since other service users have taken up tenancies at Gngara.

The inspector noted that several care staff had been allocated senior care roles and had undertaken structured induction and training in this role. The inspector was advised by a senior care worker that the increase in the numbers of senior staff has been beneficial in light of the numbers of service users increasing.

The agency's staff duty rotas were examined and reflected the supply of staff to the domiciliary care service as described by the staff and service users on the day of the inspection. The inspector was advised that staff from other domiciliary care agencies have not been supplied to work in the homes of service users and that service users receive their domiciliary care from Gngara staff.

The agency's induction records reflected the training needs identified during the induction period and the date of completion of the training. A member of staff who was acting into a senior position had received induction and training in their role and the records of this included a competency assessment which had been signed off by the manager.

All of the service users who returned a questionnaire indicated that they were satisfied or very satisfied that staff know how to care for them and that staff respond appropriately to their needs.

The agency's Whistleblowing policy (September 2014) was examined and is summarised within the staff handbook. Staff who participated in the inspection indicated their awareness of the policy.

Is Care Compassionate?

The supply of staff to work with service users was discussed with service users and with staff during the inspection. Service users provided very positive feedback in relation to the quality of care and support they receive and described staff as friendly, helpful and reliable. The agency's management arrangements changed in January 2015 and this was discussed with the service users and their relatives during a meeting in February 2015; Service users who participated in the inspection spoke positively about the change in management.

All of the service users who returned a questionnaire indicated that they were satisfied or very satisfied with the care and support received and that their views and opinions are sought about the quality of the service.

The agency's induction policy states that new members of staff will be provided with an induction that lasts for two weeks and is provided by a suitable qualified and experienced member of staff and that the consent of service users is obtained prior to the new worker shadowing care practices.

The agency maintains a Discipline Policy and Procedure which sets out the arrangements for addressing conduct, attendance and performance matters.

The agency has a Performance Improvement Plans Policy which references the appraisal process and the discipline policy.

Service users who participated in the inspection confirmed they are introduced to new members of staff and that their consent is sought with regard to new staff shadowing an experienced member of staff when providing their care and support.

Agency staff who participated in the inspection spoke knowledgeably about the service users and were observed interacting with them in a friendly and person centred manner.

Areas for Improvement

The registered person should ensure that the policy and procedures detail the arrangements for and frequency of supervision.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

The inspector examined three service users' care records and these contained person centred information that reflected the views and wishes of the service users.

All of the service users who returned a questionnaire indicated that they were satisfied or very satisfied that their views and opinions are sought about the quality of the service.

From records of a tenants' meeting and speaking with service users it was evident that service users had been consulted in relation to their preferences when the agency's fire safety procedures were being reviewed. Individual service users were invited to express their preference with regard to the new arrangements.

Is Care Effective?

The agency maintains records of meetings held with service users and one of these was read during the inspection.

Service users who participated in the inspection advised the inspector that agency staff are flexible and responsive to their needs and preferences and are respectful of their wishes. Service users also indicated that they can decline or defer aspects of their support and that they have their independence promoted by staff.

Is Care Compassionate?

The care records examined outlined the care and support required by individuals to promote their independence, privacy and dignity. The service users' care plans include a section on human rights and references the individuals' right to liberty, choice, advocacy, choice and protection.

The arrangements for consultation with service users is set out in the Tenants' Handbook and include one to one meetings with agency staff and facilitating tenants' meetings. Several service users who participated in the inspection indicated that they had participated in both.

The service users who participated in the inspection spoke highly of the quality of the service they receive and of the flexibility of the arrangements in place. It was evident that service users are encouraged to plan their routines in accordance with their own preferences and that staff would flexibility respond to the needs of service users.

Areas for Improvement

There were no areas for improvement identified within this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

5.3.1 Monthly Quality Monitoring

The agency's monthly quality monitoring reports were examined and had been completed on the responsible person's behalf. There was evidence within the reports of the monitoring of the agency's staffing arrangements, provision of staff supervision and of action plans identifying timescales for improvements.

The reports however did not consistently refer to consultations with service users or their representatives and a requirement has been made in this regard.

5.3.2 Staff training

The agency's staff training records were examined and provided evidence of uptake in training in the mandatory areas. However the training records indicated that the manager had not received training in challenging behaviour or in the provision of staff supervision. The records also indicated that not all staff had received training in challenging behaviour, human rights and manual handling.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Margaret Irwin, Manager, 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and 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. 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 weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 16 (2) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 15 October 2015</p>	<p>The registered person shall ensure that each employee of the agency— (a) receives training and appraisal which are appropriate to the work he is to perform;</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Staff will avail of mandatory training and external training relevant to the duties of their post. Supervision and Appraisal matrix is now in place identifying a clear schedule of when these procedures are due.</p>
<p>Requirement 2</p> <p>Ref: Regulation 23 (1) (5)</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<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>Response by Registered Person(s) Detailing the Actions Taken: The Scheme is subject to external quality assurance processes to identify positive practice and offer advice on improvement. Consultation with service users and their families is ongoing, by both scheduled and impromptu audits</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be Completed by 16 September 2015</p>	<p>The policy and procedures detail the arrangements for and frequency of supervision and staff appraisal.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Updated supervision policy and appraisal policy indicates clearly the frequency and expectations for both procedures</p>
<p>Recommendation 2</p> <p>Ref: Standard 12.4</p> <p>Stated: Second time</p> <p>To be Completed by: 15 October 2015</p>	<p>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.</p> <p>This recommendation refers to the training of all staff in human rights.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Human Rights Training has been scheduled for all existing staff that were unable to attend on previous arranged dates, and newly recruited staff to attend.</p>

Registered Manager Completing QIP	Deirdre Carr	Date Completed	14/9/15
Registered Person Approving QIP	Fiona McAnespie	Date Approved	14/9/15
RQIA Inspector Assessing Response	Audrey Murphy	Date Approved	15/09/15

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address