

**Unannounced Care Inspection  
of  
Hugomont Scheme**

**26 May 2015**

## 1. Summary of Inspection

An unannounced care inspection took place on 26 May 2015 from 09.00 to 13.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. There was no Quality Improvement Plan (QIP) as a result of the inspection. 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
<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 can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Irene Sloan	<b>Registered Manager:</b> Elizabeth Duff
<b>Person in charge of the agency at the time of Inspection:</b> Elizabeth Duff	<b>Date Manager Registered:</b> 10/11/10
<b>Number of service users in receipt of a service on the day of Inspection:</b> 5	

## 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 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:

- The previous inspection report and QIP
- Incident records
- Records of contact with the agency since the last inspection

During the inspection the inspector met with two service users, two care staff and the registered manager.

The following records were examined during the inspection:

- Six care and support plans
- 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, March and April 2015.
- Staff meeting minutes for February, March and April 2015.
- Staff training records:
  - Vulnerable adults*
  - Human Rights*
  - Challenging behaviour*
  - Staff supervision*
  - Whistleblowing*
- Records relating to staff supervision
- Complaints records
- Recruitment policy, the policy was updated by Praxis Care on the 6 November 2014.
- Records relating to recruitment process
- Induction procedure
- Records of induction for two staff
- Staff register and associated records
- Staff rota information

Five questionnaires were completed by staff during the inspection and three following the inspection, these indicated that the majority of staff were either satisfied or very satisfied with the following:

- Service users' views are listened to
- The agency's induction process prepared you for your role
- The agency operates in a person centred manner
- Service users receive care and support from staff who are familiar with their needs
- You will be taken seriously if you were to raise a concern?

**Individual staff comments written by staff:**

*"Hugomont is well managed with a strong team."*

*"We do the best for service users."*

*"We deliver a person centred approach."*

*"We always look for ways to improve the lives of service users."*

*"Supportive and effective staff team."*

During the inspection two questionnaires were circulated to the service users to be completed asking them about various aspects of their care. Two completed questionnaires were returned to the inspector during the inspection.

These indicated that service users were either satisfied or very satisfied with the following.

- The support you receive
- Staff responds to your needs
- Staff help you feel safe and secure here

**5. The Inspection**

Praxis Care, Hugomont, is a domiciliary care type agency (supported living) based in Ballymena for five service users who have a learning disability and overlapping challenging behaviours. Under the direction of manager Ms Betty Duff, twenty two staff support service users to live as independently as possible within a community setting. The staff assist with personal care and lifestyle management that includes organising work placements, day care, managing budgets and setting goals for personal development. All referrals are made by the Northern Health and Social Care Trust.

**5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of Hugomont Scheme was an announced care inspection dated 11 December 2014. The completed QIP was returned and approved by the care inspector.

**5.2 Review of Requirements and Recommendations from the Last Care Inspection**

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 15 (6) (d)	<p>The registered person shall develop the procedure to be followed where an agency acts as agent for, or receives money from, a service user. This refers to the charges made from personal income. In relation to the following costs:</p> <ul style="list-style-type: none"> <li>• Care costs</li> </ul> <p>The service user's individual financial agreements must be developed to reflect any payments made by them for care costs and any reimbursements received.</p> <p>This requirement is in relation to the agency's arrangements for documenting in detail the nature</p>	Met

	<p>of all charges for care made to service users.</p> <p><b>Action taken as confirmed during the inspection:</b>  Each service user is issued with a 'Bills Agreement and Guide to Costs' which details all costs associated with care costs.</p> <p>Praxis Care attended a meeting at RQIA on the 17th October 2014 to discuss the methodology by which the organisation would reimburse service users if required. A report was presented to RQIA and the proposed actions accepted. Praxis Care will refund those service users who are owed money by the 31st March 2015.</p>	
<p><b>Requirement 1</b></p> <p><b>Ref: 15 (9)</b></p>	<p>The registered person is required to ensure that a calculation is performed which details the amount of payments made by service users to the agency linked to DLA and SDP social security benefits. The registered person is required to secure repayment of the identified sums to each service user in conjunction with the HSC Trust. The registered person must provide a record of repayments made to the RQIA.</p> <p>This requirement is in relation to the agency's arrangements for documenting in detail the nature of all charges for care made to service users.</p> <p>The above information was confirmed by the inspector.</p> <p><b>Action taken as confirmed during the inspection:</b>  The registered person has notified the HSC Trust of this requirement. The registered person is in the process of providing the HSC Trust with a breakdown of all sums paid to date and seek repayment for each service user this has affected. The registered person will provide a record of repayments to the RQIA.</p> <p>The above information was confirmed by the inspector.</p>	<p><b>Met</b></p>

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

#### **Is Care Safe?**

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained.

The agency has a structured induction programme lasting at least three days; this was confirmed by staff interviewed and evidenced in the records of two staff examined by the inspector. The agency maintains a record of the induction provided to all staff, including details of the information provided during the induction period. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

The agency has a procedure for verifying the identity of all supply prior to their supply, and the registered manager assured the inspector that no staff are supplied unless this procedure is followed.

The agency has a policy and procedure in place for staff supervision and appraisal which details the frequency of both. Records maintained of supervision and appraisal demonstrated that the frequency was in accordance with the agency's policy and procedure.

Overall on the day of the inspection the inspector found care to be safe.

#### **Is Care Effective?**

Discussions with the registered manager and staff indicated that an appropriate number of skilled and experienced persons are available at all times. Examination of staff rotas reflected staffing levels described by the registered manager and staff.

The registered manager described the agency's processes to assess the suitability of staff. The inspector viewed a range of documentation which showed how staff are provided with a clear outline of their roles and responsibilities. Staff who took part in the inspection were clear about what the agency expected of them.

Staff who took part in the inspection described the induction as effective in preparing new staff for their role. Records of induction examined supported staff feedback.

The agency's process of evaluating the effectiveness of staff induction was seen within records reviewed by the inspector.

Discussion with staff and the examination of training records provided evidence that the agency has a process in place to identify and respond to training needs. The agency provides a range of training outside of mandatory training. The registered manager and staff described a process of re-evaluating and improving training to suit the needs of staff and service users. Staff provided positive feedback about the nature and frequency of supervision and appraisal.

Overall on the day of the inspection the inspector found care to be effective.

**Is Care Compassionate?**

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements. These comments and the agency's response to them could be seen in daily recording, minutes of individual meetings with service users and staff meetings.

Discussions with staff and the manager indicated that service users are prepared in advance of significant staff changes where possible. The staff were aware of the possible impact of staff changes on service users and discussed with the inspector the importance of induction and introduction of new staff.

The registered manager described a process of recruitment undertaken by the agency in order to improve the continuity of staff to service users and minimise the disruption to service users. Induction records seen by the inspector showed that staff receive an induction specific to the needs of service users, this was supported by staff comments.

Agency staff who took part in the inspection clearly described having the knowledge and skills to carry out their roles and responsibilities. Service users and relatives confirmed that staff have appropriate knowledge and skills.

Agency staff described how the induction process involves meeting service users and learning about their care needs with another member of staff. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

Overall on the day of the inspection the inspector found care to be compassionate.

**Service uses comments:**

"My keyworker is great."

"My needs are all met by the staff."

"Staff help me with my family contact."

"We get great support from the staff."

**Staff comments:**

"Staff communicate well with each other."

"Training is good and Praxis are flexible with training topics."

"Tenant care and support is essential for their goals of independence."

**HSC Trust Comments:**

"The staff communicate well with me regarding the person I support."

"A very good and worthwhile service."

**Relatives Comments:**

"I'm very satisfied with the service \*\*\*\*\* receives."

"\*\*\*\*\* has settled very well and his support provided by staff has enhanced \*\*\* quality of life."

**Areas for Improvement**

N/A

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

### Is Care Safe?

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or representatives. The inspector saw records of a process involving the service user and/or their representative, the referring HSC Trust and the agency, to ascertain the needs of the service user and their views. This process results in individualised care and support plans seen by the inspector.

There was evidence of positive risk taking in collaboration with the service user and/or their representative. This could be seen throughout a variety of records including risk assessments, care plans, and records of adult safeguarding referrals. Discussion with staff confirmed that they understood the concept of a balance of safety with service user choice. Staff could provide examples of positive risk taking in practice.

Overall on the day of the inspection the inspector found care to be safe.

### Is Care Effective?

Records of reviews provided evidence that care is regularly evaluated and reviewed. The agency has a policy of reviewing care and support plans every month or as required. Care and support plans seen by the inspector were written in a person centred manner and included the service users' views. Staff described how care and support plans are written along with the service user and showed evidence of this.

Feedback from relatives, monthly monitoring reports, minutes of service users' meetings provided examples of how the agency delivers the service in response to the views of service users and/or their representatives. The agency has processes in place to ascertain and respond to the views of service users and their representatives.

Service users have been provided with information relating to human rights in a suitable format.

It was noted that individual care and support plans place importance on the human rights of individuals. Care and support plans are written and reviewed under the following subdivisions:

- *Improved Health*
- *Improved quality of life*
- *Making a positive contribution*
- *Choice and control*
- *Freedom from discrimination and harassment*
- *Emotional wellbeing*
- *Personal dignity*

Overall on the day of the inspection the inspector found care to be effective.



### **Is Care Compassionate?**

Feedback from staff, service users, relatives and an HSC Trust staff member would suggest that service users receive care in an individualised manner. Care plans and agency records are written in a person centred manner.

Service users and/or their representatives are aware of their right to be consulted and have their views taken into account in relation to service delivery. One service user interviewed stated: *"I'm asked my view all the time."*

Staff discussed examples of responding to service users' preferences; relatives described having their views taken into account. Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. Human rights were explicitly outlined in care plans and were evident throughout other agency documentation such as review records. The individual choices made by service users regarding the way they wish to live their lives were seen in activity programmes, care and support plans and through discussion with service users.

The agency collaborates with the HSC Trust regarding best interest practices for service users where there are capacity and consent issues. This collaboration was verified by relatives and the HSC Trust staff spoken to by the inspector. The agency's response to complaints and comments made by service users and their representatives shows how individual views are taken into account and responded to.

Overall on the day of the inspection the inspector found care to be compassionate.

#### **Service uses comments:**

- "Staff listen to me and my views."
- "Staff help me with my activities outside."
- "My care plan explains what I want and need."
- "Staff always encourage me to put my point forward."
- "This is the best place I have been."

#### **Staff comments:**

- "I have witnessed how service users have developed into young adults."
- "Results can be seen through a consistent person centred approach."
- "Empowerment is key to service users, whilst encouraging community participation."
- "We always advocate for service users."
- "We work together to provide a person centred service."

#### **HSC Trust Comments:**

- "I attend all reviews as required"
- "Staff support my client well."
- "The staff really help with the transition to this service for clients."

#### **Relatives Comments:**

- "The service has really changed and totally benefited the life of \*\*\*\*\*"
- "This has really been appositive experience for \*\*\*\*\* and the whole family."

#### **Areas for Improvement**

N/A

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.5 Additional Areas Examined

### Reports of Monthly Quality Monitoring

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports ascertain and respond to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring are comprehensive and provide assurance of a robust system of quality monitoring and service improvement.

### Complaints

Records of complaints from 1 January 2014-31 March 2015 were examined. There were no complaints within the time period specified.

**No requirements or recommendations resulted from this inspection.**

I agree with the content of the report.			
<b>Registered Manager</b>	E. Duff	<b>Date Completed</b>	22/06/15
<b>Registered Person</b>	Willie McAllister on behalf of Irene Sloan	<b>Date Approved</b>	09/07/15
<b>RQIA Inspector Assessing Response</b>	Jim Mc Bride	<b>Date Approved</b>	14/7/15

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and returned to [Supportedliving.services@rqia.org.uk](mailto:Supportedliving.services@rqia.org.uk) from the authorised email address\**

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.