



The Regulation and  
Quality Improvement  
Authority

2 Stream Street  
RQIA ID: 11282  
2 Stream Street  
Downpatrick  
BT30 6DD

Inspector: Rhonda Simms  
Inspection ID: IN023227

Tel: 028 4461 6794  
Email: [andrew.mckeevor@setrust.hscni.net](mailto:andrew.mckeevor@setrust.hscni.net)

---

**Announced Care Inspection  
of  
2 Stream Street  
  
2 February 2015**

**The Regulation and Quality Improvement Authority**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced care inspection took place on 2 February 2016 from 09.45 to 15.45. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified and there is no 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
<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> Mr Hugh McCaughey South Eastern Health and Social Care Trust	<b>Registered Manager:</b> Andrew McKeavor (application submitted)
<b>Person in charge of the agency at the time of Inspection:</b> Deputy Manager	<b>Date Manager Registered:</b> Application submitted
<b>Number of service users in receipt of a service on the day of Inspection:</b> 5	

At 2 Stream Street the South Eastern Health and Social Care Trust provides a supported living type domiciliary care service in a shared occupancy house. The 24 hour service aims to provide an individualised, safe, supportive, therapeutic environment to five persons with a severe and enduring mental illness using a Recovery Model approach.

### 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:

- Discussion with the manager and deputy manager
- Examination of records
- Consultation with service users/staff/relatives
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Report and QIP of previous RQIA care inspection
- Incidents and risk assessments
- Correspondence

During the inspection the inspector met with four service users, the manager, the deputy manager, one member of support staff, and spoke with one community based professional, and two relatives. The feedback received by the inspector is included throughout the report.

At the request of the inspector questionnaires were left for completion by staff, four were completed and returned; these indicated that staff were either satisfied or very satisfied:

- that service users receive care and support from staff who are familiar with their care needs
- that service users have their views and experiences taken into account in the way service is provided and delivered
- that an appropriate number of suitably skilled and experienced persons are available to meet the needs of service users
- that staff would be taken seriously if they were to raise a concern
- that the induction process had prepared them adequately for their role.

#### **Comments included:**

'I am very satisfied with the services provided'

At the request of the inspector questionnaires were left for service users to complete, asking about aspects of care and support provided to them. Three service users returned questionnaires which stated that they were either satisfied or very satisfied:

- with the care and support they receive
- that their views and opinions are sought about the quality of service
- that staff know how to care for them and respond to their needs
- that staff help them feel safe and secure.
- that staffing levels are appropriate at all times.

The following records were examined during the inspection:

- 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
- Complaints records
- Minutes of tenants' meetings
- Recruitment policy
- Induction procedure
- Records of induction
- Records relating to staff training
- Supervision policy
- Records relating to staff supervision
- Staff handbook
- Staff register
- Staff rota information
- Staff meeting minutes
- Records relating to staff communication and handover information.

## 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 28 January 2015. 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 Recommendations		Validation of Compliance
<b>Recommendation 1</b>  Ref: Standard 8.11	The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis.  This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being	

	<p>managed in accordance with minimum standards.</p> <ul style="list-style-type: none"> <li>• This registered person should consult with relatives and professionals and record their views in the monthly quality monitoring report.</li> <li>• Any factors impacting on the agency's ability to include consultation with relatives or professionals should be noted on the reports of monthly monitoring.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector examined reports of monthly quality monitoring which included the views of relatives and professionals, or noted why it had not been possible to ascertain such views.</p>	<b>Met</b>
<p><b>Recommendation 2</b> Ref: Standard 1.4</p>	<p>Action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.</p> <p>In relation to accommodation which is shared with agency staff:</p> <p>The registered person should ensure that there is a process of ascertaining the views of service users on the staff use of any room and measures are taken to ensure the service users obtain maximum benefit from their home and control over who enters it. This process should be kept under review.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector saw evidence that the service users' views regarding staff use of any area of their home had been taken into account.</p>	<b>Met</b>
<p><b>Recommendation 3</b> Ref: Standard 4.2</p>	<p>The agreement between the service user and the service provider specifies:</p> <p>the arrangements for any financial transactions undertaken on behalf of the service user by the agency's staff and the records to be kept;</p> <p>It is recommended that the signed agreements to make payments to the 'float' are reviewed and updated with service users.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector saw agreements signed by service users which had been reviewed and updated.</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 via the HSC Trust human resources department. The human resources department ensures that workers supplied are physically and mentally fit for the purposes of work. 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. The induction comprises: a five day corporate induction which includes training, an induction to the agency which includes shadowing staff, getting to know service users, and reading relevant files and documents. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

The deputy manager confirmed that the agency is able to cover shifts using their regular staff team and one regular member of bank staff.

The agency has a supervision policy and procedure which has been supplemented and clarified by local guidance which states that supervision should take place quarterly. The deputy manager confirmed that staff receive an individual supervision session, annual appraisal, annual medication competency assessment and annual finance competency assessment. Supervision records examined confirmed that staff had received regular supervision, appraisal and competency assessment in line with policy and standard procedure.

#### Is Care Effective?

Discussions with the deputy 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 deputy manager and staff. It was noted that the agency staff team comprises of individuals with extensive experience working in the field of mental health.

During the inspection, staff discussed how they are provided with a clear outline of their roles and responsibilities verbally and in written form; staff who took part in the inspection were clear about what the agency expected of them. It was noted that the staff team are experienced in working with the service users at 2 Stream Street and have a good knowledge of their needs and preferences.

The induction procedure indicated that the induction is effective in preparing new staff for their role. The procedure includes the agency's process of evaluating the effectiveness of staff induction through supervision. There were no recently inducted support staff working at the agency.

Discussion with staff and examination of training records showed that the agency has a process in place to identify and respond to training needs.

Staff described how the training and support provided by the agency effectively enabled them to fulfil their roles and responsibilities. The inspector received positive feedback regarding the knowledge and skills of staff from a community professional and relatives.

Staff described receiving supervision and appraisal in line with the agency's policy. Supervisory staff are appropriately trained and experienced in the role. Staff at 2 Stream Street reported that they often lone work. It was noted that arrangements have been made for staff to avail of appropriate managerial or peer support through another supported living service operated by the agency which is situated nearby. In addition, an on call HSC Trust senior manager rota is operational out of hours.

Staff interviewed by the inspector knew how to highlight concerns regarding the poor practice of other staff and were aware of the whistleblowing policy. Staff provided feedback to the inspector that they were confident concerns raised would be taken seriously by agency management.

### **Is Care Compassionate?**

The agency maintains a record of comments made by service users/representatives through tenants' meetings and monthly quality monitoring. It was noted that the former registered manager has retired and that the subsequent changes in management arrangements have been discussed with service users. The inspector examined results of a recent survey conducted by the HSC Trust; it was good to note positive feedback regarding the service provided.

Staff were aware of the impact of significant changes in staffing arrangements on service users. The manager has taken steps to alleviate the impact of staff change on service users. It was noted that the staff team is largely stable, with most staff having worked with service users in 2 Stream Street over a period of years.

The agency's induction is specific to the needs of service users; this was evidenced through the induction procedure. The staff induction includes a period of supernumerary shadowing of experienced staff, followed by an extended period of shadowing and additional support. The agency's induction process is planned in a manner which takes into account the consent, privacy and dignity of service users.

Agency staff who took part in the inspection reported that they have the knowledge and skills to carry out their roles and responsibilities; this was confirmed by feedback from service users and relatives. Service users who spoke with the inspector gave positive feedback regarding the knowledge and understanding shown to them by agency staff. By speaking with staff, it was evident to the inspector that staff have a detailed knowledge and understanding of the needs and preferences of service users.

The agency has policies and procedures in place to address the unsatisfactory performance of a domiciliary care worker.

## Areas for Improvement

No areas for improvement were identified in relation to Theme 1.

Number of Requirements:	0	Number of Recommendations:	0
-------------------------	---	----------------------------	---

### 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 reviewed a range of care and support plans which reflected assessments of need and risk assessment.

There was evidence of positive risk taking in collaboration with the service users and/or their representatives, the HSC Trust and other relevant agencies. Agency staff provided examples of positive risk taking which enabled service users to increase their independence and take part in activities of their choice.

#### Is Care Effective?

Records of reviews showed that care is regularly evaluated and reviewed. The agency has a process of reviewing care and support every six months, and at least a yearly review including a community professional from the Trust. It was noted that service user involvement in the review processes were recorded in documentation.

The inspector viewed a range of care and support plans which were written in a person centred manner, clearly included the service users' views, and showed evidence of updating. Staff who participated in the inspection described a system of regularly updating care and support plans which was evident on examination of documentation.

Discussion with service users and relatives provided examples of the agency's ability to deliver a service which responds to the views of service users and/or their representatives. Relatives described agency staff as approachable and available to discuss their concerns. The agency has processes in place to ascertain and respond to the views of service users and their representatives through the complaints procedure and monthly quality monitoring. Tenant meeting minutes reviewed by the inspector recorded service users' views and the agency's response to them.

The inspector spoke to four service users who described having different interests and daily activities. Service users discussed their plans and goals for the future. It was evident that service users can exercise choice and control over how they lead their lives.

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

#### Is Care Compassionate?

It was evident from speaking to service users that care and support are provided in an individualised manner, with consideration of the varying needs and wishes of service users.



During the inspection service users described the choices they make regarding their daily activities and plans for the future.

It was evident from documentation and discussion with service users and relatives that they are aware of their rights to be consulted and have their views considered in relation to service delivery.

The agency could demonstrate that the service users' views, capacity and consent have been taken into account in service delivery; examples of this were discussed with staff during the inspection. The agency was able to demonstrate ongoing promotion of human rights and the values underpinning the Minimum Standards.

### Areas for Improvement

No areas for improvement were identified in relation to Theme 2.

Number of Requirements:	0	Number of Recommendations:	0
-------------------------	---	----------------------------	---

## 5.5 Additional Areas Examined

### 5.5.1 Quality monitoring

Reports of monthly quality monitoring completed on behalf of the registered person were examined during inspection. The monthly quality monitoring reports reflect the views of service users, relatives, staff and community professionals. Where the views of representatives have not been included, a reason is usually stated. The reports include progress on improvement issues identified by monitoring and RQIA Quality Improvement Plans.

### 5.5.2 Complaints

Complaints records showed that no complaints had been made in the period 1 January 2014 – 31 March 2015 or subsequent to this period.

### 5.5.3 Safeguarding issues

The deputy manager discussed and provided documentation in relation to one safeguarding referral made to the HSC Trust. This referral was appropriately handled by the agency.

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 service. 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.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Andrew McKeever	Date Completed	15/2/2016
Registered Person	Baia Morgan	Date Approved	12/5/16
RQIA Inspector Assessing Response	[Signature]	Date Approved	12.5.16.

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

***\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\****