



The **Regulation** and
Quality Improvement
Authority

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Inspection ID: 021727

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**Unannounced Care Inspection
of
Braidwater Quay**

20 April 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 20 April 2015 from 09.00 to 12.00. 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, 20011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there is further action required to be taken following the last inspection. One requirement has been restated.

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	1	1

The details of the QIP within this report were discussed with the registered manager Mr Alan Mc Ninch as part of the inspection process. The timescales for completion commence from the date of inspection.

2. 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:

Themes:

Theme 1 - Staffing arrangements

Theme 2 - Service User Involvement

3. Methods/Process

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

- Discussion with the register manager
- Examination of records
- Consultation with stakeholders/Staff/Relatives
- File audit
- Evaluation and feedback

During the unannounced inspection the inspector had no opportunity to meet with service users but did speak with three care staff. The inspector spoke with one HSC professional following the inspection and with one service user's relatives and has added their comments to this report.

Prior to inspection the following records were analysed:

- Previous inspection report
- Incidents

The following records were examined during the inspection:

- Seven care and support plans
- HSC Trust assessment of needs and risk assessments
- Available Care reviews, other methods of recording/evaluation
- Tenants meetings for August 2014, October 2014, February 2015 and April 2015.
- Minutes of staff meetings for January 2014, September 2014, and March 2015.
- Staff training records examined
- *Vulnerable adults*
- *Human rights*
- *Challenging behaviour*
- *Whistleblowing*
- Complaints records the agency had no complaints as per their records
- Recruitment policy/ process reviewed by the NHSCT 9 November 2014
- Pre-employment check list that included the following:
- *Job descriptions*
- *Terms and conditions*
- Staff register/ information
- Agency's rota information.

Five staff questionnaires were completed by staff during the inspection and two were returned post inspection these indicated that staff were either **satisfied or very satisfied** with the following:

- How satisfied are you that service users' views are listened to?
- How satisfied are you that the agency's induction process prepared you for your role?
- How satisfied are you that the agency operates in a person centred manner?

Overall the staff who returned their questionnaires were either:

Satisfied or very satisfied that the service was safe, effective and compassionate

During the inspection a number of questionnaires were circulated to the service users to completed asking them about various aspects of their care. Four completed questionnaire were returned to the inspector during the inspection and one was received post inspection. These indicated that service users were either **satisfied or very satisfied** with the following.

- How satisfied are you with the support you receive?
- How satisfied are you that staff responds to your needs?
- How satisfied are you that staffing levels are appropriate at all times?

The Inspection

Braidwater Quay is a supported living type domiciliary care agency based in Ballymena and is spread over two sites, with the registered office in the Waveney road site. The scheme is managed by the Northern Health and Social Care Trust. It consists of shared and single apartments as well single rooms for tenants who live more independently. The service specializes in the rehabilitation of people who have had mental health difficulties. The service is for 22 individuals. The management of the agency is under the direction of Mr Alan Mc Ninch. At the time of the inspection there were 21 individuals receiving a service from 19 staff.

4. Service Details

Registered Organisation/Registered Person: Dr T Stevens HNSCT	Registered Manager: Mr Alan Mc Ninch
Person in Charge of the Home at the Time of Inspection: Mr A Mc Ninch	Date Registered: 15 July 2011
Number of service users in receipt of a service on the day of Inspection: 21	

4.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of Braidwater Quay was an announced care inspection dated 8 December 2014. The completed QIP was returned and approved by the care inspector.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 23 (1)(5)	<p>The registered person shall establish and maintain a system for evaluating the quality of 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>This requirement relates to the registered person ensuring that the views of service user relatives/representatives are obtained and recorded on the agency's monthly quality monitoring form.</p> <p>During the inspection, the inspector issued an urgent action notice, requested that the agency forward copies of the monthly quality monitoring record to RQIA until further notice.</p>	Fully Met

	<p>Action taken as confirmed during the inspection:</p> <p>The manager completing the monthly monitoring will include family, tenants, and community mental health team each month. Should they be unable to contact family or community mental health team this must be recorded. Copies of the monthly monitoring will be forwarded to RQIA until further notice.</p>	
<p>Requirement 1</p> <p>Ref: Regulation 16.4</p>	<p>The registered person shall ensure that each employee receives appropriate supervision.</p> <p>During the inspection it was noted by the inspector the lack of consistency of staff supervision. The inspector examined a number of supervision dates which have not been met in line with the agency's own policy.</p> <p>The inspector issued an urgent notice to the registered provider in relation to supervision.</p> <p>Action taken as confirmed during the inspection:</p> <p>Due to staff sickness and movement of staff the frequency of supervision decreased. Following a meeting with manager, J Bain, a supervision flowchart was completed to clearly identify who each member of staff is responsible for supervising and the frequency of supervision to be provided. This has to be reported on at the manager's monthly operational supervision.</p> <p>Action taken as confirmed during the inspection: the above requirement has been restated as only a limited number of updated supervision records were available to the inspector.</p>	<p>Partially Met</p>

4.2 Theme 1: Staffing arrangements

Is Care Safe?

The agency has in place a recruitment policy. This was updated on the 9 November 2014 by the NHSCT.

The registered manager confirmed that there is a mechanism in place to ensure appropriate pre-employment checks are completed and satisfactory records maintained were examined by the inspector. The agency maintains an alphabetical index of all domiciliary care workers supplied or available for supply for the agency.

The agency has a structured induction programme lasting at least three days. This was confirmed by the staff interviewed. The agency maintains a record of staff induction provided to staff; and included details of the information provided during the induction period.

The NHSCT provides all staff with a handbook. The agency has a procedure in place for induction of staff for short notice/ emergency arrangements. The agency has in place a procedure for verifying the identity of all staff prior to their supply. The agency maintains a record of all staff supervision and appraisal. One member of staff stated: *"I'm very happy working here and I think it's a good service"*.

Staff comments:

"We have a good structured induction programme".

Relatives' comments:

"***** has settled well and it's good for him".

HSC Trust Comments:

"My client has no problems and is well cared for".

Areas for Improvement

N/A.

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

Is Care Effective?

Following discussions with the registered manager the inspector was provided with assurances that there is at all times an appropriate number of suitably skilled and experienced persons providing care to service users. Examination of available records reflected staffing numbers outlined by the registered manager.

The registered manager described to the inspector the arrangements in place to assess the suitability of staff. The agency provides staff with a clear outline of their roles and responsibilities. One staff member stated *"The staff are highly motivated and keen to keep their training up to date"*.

Records available show that agency staff receive induction prior to providing care/support to service users. This was confirmed by the staff interviewed during inspection. The agency has a process for evaluating the effectiveness of staff induction, this includes competency assessments.

The agency has a process in place for identifying individual training needs. Staff described to the inspector how they are given the opportunity to identify their individual training needs. Agency staff interviewed stated that they have in place personal development plan.

Training records examined show that staff providing supervision had the necessary skills/ training required. However, it was noted that a number of agency staff receive have not received supervision/annual appraisal in accordance with the agency's policy. One previous recommendation has been restated.

Agency staff are aware of the whistleblowing procedure for highlighting concerns/ issues; this was confirmed by staff during discussions with the inspector.

Four staff questionnaires were received during the inspection; the inspector also spoke to five members of staff on duty during the inspection and has added their comments to this report. All five staff advised the inspector that they have attended training on the protection of vulnerable adults.

Staff comments:

"Staff communicate well with each other"

"Tenants have settled well into supported living".

HSC Trust comments:

"I attend all reviews"

"The staff communicate well with me and inform me of any issues affecting my client".

Relatives' comments:

"The staff have supported **** to change his life".

Overall on the day of the inspection the inspector found care to be less than effective in relation to staff supervision and service users reviews.

Regulation 16 (4) and Standard 6.1

Areas for Improvement

It was noted by the inspector that a number of annual care reviews were not in place. This was acknowledged by the registered manager. The manager described to the inspector the process now in place to ensure that this will be discussed with Senior HSC Trust staff. One recommendation was issued.

The inspector has restated the requirement issued during the previous inspection of the 8 December 2014 that relates to staff supervision. It was noted that only limited records of supervision dates were available for inspection. The registered manager informed the inspector that he has in place a more robust supervision process.

Number of Requirements	1	Number of Recommendations:	1
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Is Care Compassionate?

The agency maintains a record of any comments made by service users/ representatives in relation to staffing arrangements, evidence of this was seen in the minutes of tenants' meetings. The manager was able to demonstrate that he discussed with service users significant staff changes. The Manager stated that staff are not supplied to work with service users without an appropriate induction, this was confirmed by staff interviewed by the inspector.

Staff receive induction training specific to the needs of individual service users. This was confirmed by the staff interviewed by the inspector.

Agency staff could demonstrate that they have the knowledge and skills to carry out their roles and responsibilities.

The induction process takes into account the consent, privacy and dignity of service users. Staff receive ongoing supervision and assessment of competency to fulfil the requirements of their job role.

Staff who participated in the inspection could describe aspects of service provision which show a reflection of choice, dignity, and respect.

One staff member stated: *I proud to be part of this team and we all work well together to support service users*" Another stated: *"The quality of service offered to tenants is of a high standard to suit each individual"*.

Staff comments:

"We have good relationships with Tenants, and offer individual support to meet their needs".

Relatives' comments:

"The staff care for and support ***** well. The staff have helped and supported him to make his life better".

HSC Trust Comments:

"Good supportive staff"

"Staff are approachable and helpful".

Areas for Improvement

N/A

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

Theme: 2 Service User Involvement

Is Care Safe?

Assessments of need and risk assessments examined by the inspector reflect the views of service users and their representatives. Assessments of need and risk assessments are reflected in care and support plans. There is evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust.

The agency staff interviewed showed an understanding of how to balance human rights with safety in service delivery. one staff member stated "*We support independence but discuss risk taking with tenants*" The views of service users and their representatives are considered in the assessment and implementation of care practices.

Staff comments:

"All service users discuss their care plans with the staff and are aware of their care and support needs".

HSC Trust comments:

"Staff adheres to care and support plans".

Relatives' comments:

"No problems **** enjoys Braidwater and is well supported by staff".

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

Is Care Effective?

Care plan records showed that care is regularly evaluated and reviewed by the agency staff. The agency staff review care and support plans monthly or as required, however a number of annual reviews that are undertaken by the HSC Trust were less than effective. One requirement was issued to the agency.

Care and support plans are written in a person centred manner which includes the service user's views. There is evidence that the delivery of the service is responsive to the views of service users and/or their representatives. The agency has a monitoring system in place to ascertain and respond to the views of service users and/or their representatives.

The agency's human rights information examined, shows evidence that service users are provided with information relating to their human rights in a suitable format.

The service provided to service users maximises their choice, independence and control over their lives. Service users and their representatives are made aware of representation and advocacy services.

Overall on the day of the inspection we found the management to be less than effective.

Areas for improvement

Standard 6.1

Areas for Improvement

It was noted by the inspector that a number of annual care reviews were not in place. This was acknowledged by the registered manager. The manager described to the inspector the process now in place to ensure that this will be discussed with Senior HSC Trust staff. One recommendation was issued.

Number of Requirements	0	Number of Recommendations:	1
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Is Care Compassionate?

Through examination of five service users' care and support plans, the inspector found that service delivery has a person centred ethos.

Service users and their representatives are aware of their right to be consulted and have their views considered in relation to service delivery.

Agency staff who participated in the inspection recognise and implement the values of respect, choice, dignity and independence daily to service users. Staff stated that service users can make choices regarding their daily routines and activities, within the resources available to them.

Explicit consideration of human rights was evident in the care and support plans examined by the inspector. Consideration of human rights includes the involvement of service users and/or their representatives. Service users, HSC Trust staff and agency staff spoken to described to the inspector how service users' views have been taken into account and shape service provision.

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

Areas for Improvement

N/A

4.10 Additional Areas Examined

Statement of purpose: the agency's statement was reviewed by the NHSCCT on the 26 November 2014.

The inspector read the quality monthly monitoring visits completed on behalf of the registered provider. Reports for January 2015, February 2015, March 2015 and April 2015 were examined. The reports showed clear evidence of discussion with service users, relatives and HSC professionals. The reports contain an action plan that clearly shows actions to be completed and by whom within agreed timescales. The agency's reports of monthly monitoring are comprehensive and provide assurance of a robust system of quality monitoring and service improvement.

5. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Alan Mc Ninch the registered 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.

5.1 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.

5.2 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.

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 service supportedliving.services@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			
Requirement 1 Ref: Regulation 16 (4) Stated: Second time To be Completed by: 20 June 2015	The registered person shall ensure that each employee receives appropriate supervision in line with the agency's own policy.		
	During the inspection it was noted by the inspector the lack in consistency of staff supervision. The inspector examined a number of supervision dates which have not been met in line with the agency's own policy. This requirement has been restated.		
	Response by Registered Manager Detailing the Actions Taken: Due to change in management structure within the scheme this requirement is being dealt with and will be in line with agencies own policy		
Recommendations			
Recommendation 1 Ref: Standard 6.1 Stated: First time To be Completed by: 20 July 2015	The agency participates in review meetings organised by the referring HSC Trust responsible for the service User's care plan. This recommendation refers to any matters related to the service users' needs.		
	Response by Registered Manager Detailing the Actions Taken: Due to change in management structure within the scheme this recommendation is being dealt with and review meetings being held by referring agents		
Registered Manager Completing QIP	A McNinch	Date Completed	14/05/15
Registered Person Approving QIP	Tony Stevens	Date Approved	24/6/15
RQIA Inspector Assessing Response		Date Approved	

Please ensure the QIP is completed in full and returned to supportedliving.services@rqia.org from the authorised email address