

Unannounced Care Inspection Report

06 March 2018



Braidwater Quay

Type of Service: Domiciliary Care Agency
Address: 2-8 Waveney Road, Ballymena, BT43 5FA
Tel No: 02825653755
Inspector: Marie McCann

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a supported living type domiciliary care agency based in Ballymena and is located over two sites, with the registered office in the Waveney road site. The service is managed by the Northern Health and Social Care Trust (NHST) and is designed for 21 individuals, both male and female who have enduring mental health needs. The accommodation consists of shared and single dwellings. The service aims to provide a complete integrated package of support and housing that is flexible, responsive and innovative.

The inspector would like to thank the manager, service users, relatives and staff for their support and co-operation throughout the inspection process.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Dr Anthony Baxter Stevens	Registered Manager: Mr Alan John McNinch
Person in charge at the time of inspection: Mr Alan John McNinch	Date manager registered: 18 November 2015

4.0 Inspection summary

An unannounced inspection took place on 06 March 2018 from 09.00 to 15.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff supervision; staff appraisal; risk management; maintaining good working relationships between service users, staff and stakeholders; provision of compassionate care and management of incidents.

One area requiring improvement in relation to the regulations was identified in regards to monthly quality monitoring visits. Two areas for improvement under the standards were identified in regards to improving the governance arrangements for the management of staff training.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Alan McNinch, registered manager and the locality manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 31 May 2016.

No further actions were required to be taken following the most recent inspection on 31 May 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records

- unannounced care inspection report 31 May 2016
- incident notifications which evidenced that one incident had been notified to RQIA since the last care inspection in May 2016
- information and correspondence received from the manager and the NHSCT
- record of complaints

During the inspection the inspector met with:

- three service users
- the manager
- the locality manager
- two staff

The inspector also observed the interactions of the staff with service users.

The following records were examined during the inspection:

- Five service users' care records
- Three staff personnel records
- The complaints records from May 2016 to February 2018
- The staff rota information from 01 February to 28 February 2018
- Minutes of service users' (tenant's) meetings
- Minutes of staff meetings
- Monthly quality monitoring reports
- Adult Safeguarding Policy 2017
- Whistleblowing Policy 2016
- General Procedures for the Processing of Personal Information Policy 2017
- Record Keeping Policy 2016
- Training Policy 2016
- Supervision Policy 2015
- Statement of Purpose March 2018
- Service Users Guide (Tenants Handbook) May 2017
- Annual review of the quality of care
- Fire safety checks

Following the day of inspection the inspector also consulted with:

- One Health and Social Care Trust (HSCT) professional
- The relative of one service user

At the request of the inspector, the manager was asked to display a poster within the agency. The poster invited staff to provide their views online to RQIA regarding the quality of service provision; no responses were received.

A number of service user and relative questionnaires were provided for distribution; nine questionnaires were returned to RQIA.

The findings of the inspection were provided to Alan McNinch, manager and the locality manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 May 2016

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 31 May 2016

There were no areas for improvement identified as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency has a dedicated Human Resources (HR) department which manages the recruitment process. An inspector visited the agency's HR department on the 12 December 2017 to review a number of recruitment records which verified that the necessary pre-employment information and documents had been obtained as required for each of the support workers. The documents reviewed were satisfactory.

Staff interviewed confirmed that they had received an induction period which lasted a minimum of three days which provided them with the opportunity to become familiar with the agency environment, service users and their assessed needs and support plans. They confirmed that their induction had enabled them to feel sufficiently trained to undertake their roles and responsibilities.

The manager stated that no new staff had been recently employed by the agency, therefore at the time of inspection there had been no staff inductions to review. Discussions with the manager and locality manager provided assurances that a robust induction process, lasting a minimum of three full working days as required within the regulations, would be undertaken with new staff. This will be followed up at a future inspection.

The agency's supervision policy outlined the timescales and processes to be followed. Discussions with staff and records viewed by the inspector confirmed that staff were provided with supervision in accordance with the agency's policy and procedures. Review of records further evidenced that staff had also received an annual appraisal.

Discussions with staff on duty at the time of inspection evidenced that they felt they were sufficiently trained, competent and experienced to meet the assessed needs of the service users. Staff feedback included the following comments: "there is brilliant training given in addition to mandatory training", "a list of training is available on the board and you always know what's available" and "training is also discussed at supervision."

However, a review of the staff training matrix maintained by the manager highlighted that the mandatory training of some staff needed to be updated. In addition, the training file did not contain an accurate record of training in compliance with the Domiciliary Care Agencies Minimum Standards, 2011. The inspector discussed the records of training that are to be retained in the agency. Two areas for improvement were identified.

Staff rota information and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The manager and staff described a consistent staff team who have worked in the service for a number of years; they stated that this has promoted development of positive working relationships with service users. Discussions with service users confirmed that they were aware of their individual keyworkers and could speak with any of the staff team when needed.

The manager reported that there have been no recent suspected, alleged or actual incidents of abuse. Discussion with the manager and staff confirmed that they had good awareness of the pathway for reporting any identified safeguarding matters appropriately. Staff spoke confidently about their roles and responsibilities to act preventatively and proactively with regards to safeguarding service users, and their obligation to report concerns and maintain written records relating to adult safeguarding.

It was identified that the agency has reviewed and updated their policy and procedures to reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention to Protection in Partnership' issued in July 2015 and the Operational Procedures. The organisation has also identified an Adult Safeguarding Champion (ASC). Records evidenced that a number of staff had signed that they had read and understood the new operational procedures. Discussions with the locality manager on the day of inspection provided assurances that further safeguarding training was to be scheduled for the staff team in order to ensure that all staff members have a good understanding and awareness of the updated safeguarding policy and procedures. This will be reviewed during future care inspections.

Staff interviewed were noted to be knowledgeable and aware of their obligations in relation to raising concerns about poor practice and demonstrated an understanding of the agency's whistleblowing policy. Staff stated that they could address any areas of concern with the manager and felt they would be listened to.

Examination of records and discussions with staff indicated that there were systems in place to ensure unnecessary risks to the health, welfare or safety of service users were identified, managed and where possible, eliminated. Discussion with the manager and locality manager highlighted that referral information received from the HSCT at the commencement of providing care and support to service users lacked sufficient detail, on occasions. A review of the care records evidenced that the agency carried out a new occupant holistic assessment and risk assessment in partnership with service users. This robust assessment process which enables staff and service users to develop person centred support plans is commended

Review of service user care records and discussions with staff evidenced that staff responded to changes in service users' assessed needs and risk assessments in a timely manner. Changes in need and risk were discussed with service users and, as necessary, the multiprofessional team. There was also evidence that support plans were subsequently updated as necessary.

The service promoted personal and fire safety for service users through advice contained within the Service User Guide, sharing information at service users' meetings and by facilitating visits from organisations such as Ballymena fire service. Effective governance arrangements were identified in relation to fire safety within the agency. A staff member was identified as the nominated fire officer and ensured that robust systems were in place to undertake specific fire safety checks at set intervals. A personal evacuation plan was developed with service users and reviewed annually. The manager had access to a fire risk assessment completed by the housing association in April 2017 and provided reassurances that the action plan had been completed by the housing association.

Nine service users and/or relatives returned questionnaires to RQIA. The responses confirmed that they were very satisfied that care provided was safe.

Service user comments:

- "We can talk to staff if we need to."
- "Everyone likes it here."

Relatives' comments:

- "Staff are very good."
- "Xxxx knows the staff by name and knows who is on duty each day, so I know staff are engaging with xxx."

Staff comments:

- "I got to do my QFC and learnt a lot from it."
- "I love the job."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff supervision, appraisal and risk management.

Areas for improvement

Two areas of improvement were identified during the inspection in relation to improving the governance arrangements for the management of staff training.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for appropriately responding to and meeting the assessed needs of people who use the service were examined during the inspection. The full nature and range of service provision is detailed in the Statement of Purpose and the Service User Guide.

Discussions with staff and service users evidenced that service users were encouraged and enabled to be involved in their care and support planning with staff respecting their wishes and showing professional and appropriate behaviour. Staff demonstrated knowledge of individual services user's assessed needs and described a person centred approach that underpinned their practice. A service user interviewed spoke positively about their experience of the monthly support plan review meeting stating "the monthly review of my support plan is good."

The care and support plans reviewed gave consideration to service users' holistic needs and human rights. They also required, where applicable, that due consideration was given to any deprivation of liberty issues which would be agreed by all parties and reviewed and monitored regularly. Records viewed also confirmed that service users had an annual review involving their HSCT representative, which staff from the agency contributed to.

Service users were informed within the Service User Guide of their right to have access to a service which would treat them fairly and equally and how to raise concerns if they were unhappy about how they had been treated. The Service User Guide also provided information regarding the role of an advocate and contact details of an independent Advocacy Service.

A clear breakdown of costs for the service was provided to the service user within the Service User Guide and the service user signed tenancy agreement.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and service users' confidentiality in relation to sharing of information and the storage of records. Service user care records were noted to be maintained in individual organised files and held securely in locked cabinets. There was evidence of auditing of care records. The agency has a robust policy for information management with the Procedures for the Processing of Personal Information 2017.

The agency has a mechanism in place to monitor, audit and review the effectiveness and quality of care delivered to service users through monthly quality monitoring visits and an annual quality report. The monthly quality monitoring visits provided evidence of engagement with service users, relatives, staff and the multiprofessional team. Monthly monitoring records also evidenced a quality improvement focus which involved the review of incidents, any restrictive practices, safeguarding issues, RQIA improvement plans, the environment and areas for auditing such as service users' financial agreement records, staff training and supervision arrangements. Any actions required were recorded and carried forward to be reviewed the following month.

A sample of monthly quality monitoring reports for visits completed between June 2016 and February 2018 were examined. The inspector noted that a four reports were not available and the manager was unable to confirm if the quality monitoring visits had been undertaken. An area of improvement was made in this regard.

It was also discussed with the manager and locality manager that a number of monthly quality monitoring reports lacked the necessary detail to evidence that there had been an effective review of service delivery. Assurances were provided by the locality manager that this process will be reviewed and improvements made. Following inspection the locality manager provided the inspector with a copy of the monthly quality monitoring visit report for March and an improvement was noted. This will be reviewed during future care inspections.

Arrangements were in place to promote effective communication between service users, staff and other key stakeholders. These included service user meetings, staff meetings, annual care reviews, regular support plan review meetings and the flexibility of informal discussions as and when needed. A review of the minutes of service users' meetings showed they were held regularly with a varied agenda. Those viewed confirmed that service users' opinions were sought regarding preferences for activities and that information was shared with respect to fire safety and home security. Service users have recently been supported to take over full responsibility for the meetings through chairing, agreeing the agenda and completing the minutes.

Staff confirmed that they have regular structured meetings and that minutes are cascaded to all staff by email. A review of the minutes showed that the agenda was varied although matters such as training and updates from the Chief Executive for the organisation featured regularly. Staff interviewed described how communication was central to enabling them to fulfil their roles and responsibilities and to meet the assessed needs of service users. Verbal handovers occurred each day; staff maintained individual service user daily progress records and a staff communication book. The agency's communication book provided a system to ensure important communications were made available to staff in a timely manner. Staff described how they took responsibility for ensuring that they were up to date with relevant information since their last shift with confirming specific tasks allocated during their shift.

Service user comments:

- "The tenants' meetings are great."
- "We can decide what to talk about at the meetings."

Staff comments:

- "I feel tenants get a good service."

- “Happy with care provided... feel tenants have good opportunities here.”
- “Happy with levels of support provided and time allocation to various tenants.”
- “Location of scheme contributes greatly to the socialisation, self-confidence of tenants.”

Professional comments:

- “Patients seem more than happy where they live.”
- “It’s a good unitstaff are very approachable.”
- “I’m not aware of any complaints from the patients I would be involved with.”

Relatives’ comments:

- “Staff are very good at helping xxxx with benefits and visiting Citizens’ Advice Bureau but I think xxxx would benefit from access to more activities.”
- “I see a great improvement in xxxx and I’m happy with care here.”

Nine service users and/or relatives returned questionnaires to RQIA. The responses indicated that they were satisfied that care provided was effective.

Areas of good practice

There were examples of good practice noted throughout the inspection in relation to the agency’s service user care records and communication between service users, agency staff and other key stakeholders.

Areas for improvement

An area of improvement was identified during the inspection in relation to monthly quality monitoring.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users and their representatives if appropriate in decisions affecting their care and support.

Discussions with staff, service users and sampling a range of records evidenced that staff provided care to service users in a compassionate manner. Service users were keen to speak with the inspector during the inspection and all spoke positively about the support and care they received from the staff team and the location and quality of the accommodation. A service user commented on how “staff encourage me with showering and changing clothes”. The service user experienced an enabling process which they described as helpful and recognised that such supports helped them build upon self-caring skills. Staff described how they work towards

supporting and empowering service users to develop life skills to enable them to achieve greater levels of independence.

Review of service user care records demonstrated that arrangements were in place to promote service users in making informed decisions regarding their care and which took into account their wishes and feelings. Such consultation and participation with service users was evident within the assessment, care and support planning/review process.

Engagement with service users to ensure that their views are obtained and listened to was undertaken effectively through regular service user meetings, monthly and annual review meetings and through informal discussions.

Service users were observed interacting in a relaxed manner with staff during the inspection. Service users interviewed stated that they could raise any concerns or complaints with the staff team or manager and they were confident that they would be listened to. The Statement of Purpose and Service User Guide Service advised service users how to make a complaint regarding the service. An information leaflet, 'How to make a complaint to the NHSCT' was displayed in the hallway entering the communal area of the service.

Service user comments:

- "If I'm worried I can talk to the manager or my keyworker."
- "I can come and go as I please."
- "Staff are there if you need them."
- "Everyone likes it here."
- "I have my own space."

Staff comments:

- "They (service users) are very open with us; they can talk to us about anything."
- "We would know if something was worrying them."
- "I enjoy helping people move on to more independent living."

Relatives' comments:

- "xxxx is very complimentary about the staff."

Nine service users and/or relatives returned questionnaires to RQIA. The responses indicated that they were satisfied that care provided was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of care in a compassionate manner and engagement with service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed management and governance systems in place to meet the needs of service users. A range of policies viewed were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards. It was noted that the agency has a range of policies and procedures, some of which were accessible in a paper format contained within the agency's office in an identified file. Access to a full range of policies and procedures was also available electronically. Staff confirmed that they were aware of how to access policies and procedures as required, enabling them to fulfil their roles and responsibilities.

The complaints record maintained by the agency indicated that there had been no complaints since the last inspection. The record of complaints were noted to be reviewed on a monthly basis. Although there were no complaints for the inspector to review, the manager described the process required if a complaint was received. This would include details as to the nature of the complaint, who had been contacted in relation to the complaint, actions taken, outcomes and learning arising from the complaint. In addition, the organisation has a complaints department which manages formal complaints. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints received.

The inspector noted that the agency has governance arrangements in place to highlight and promote the identification and management of risk. Accidents and incidents were noted to be effectively recorded on the organisation's electronic system. Details of accident/incidents were reviewed with a focus on preventing recurrence and learning from outcomes. The information entered into the system was noted to be forwarded electronically to the locality manager and the NHSCT's governance team who monitor and audit the information. It was identified that at the time of inspection the system was not forwarding this information to the manager; the manager confirmed that the matter was in the process of being resolved. However, senior support staff had an alternate process for ensuring that the manager received the information. The manager demonstrated knowledge of the procedure for reporting accidents and incidents to RQIA and other relevant agencies.

There were arrangements in place to ensure that staff, were registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate. Information regarding registration details and renewal dates were maintained by the NHSCT social care governance department who generate an email to the manager to advise when a staff member's renewal date was pending. The manager confirmed that staff had taken appropriate action and renewal details were verified and recorded by the governance department.

Staff acknowledged the importance of the role of the multiprofessional team working together to support service users; they described collaborative working relationships with various professionals with clear and open lines of communication. Staff interviewed spoke positively about the working relationships within the team; they described how this facilitated reflective practice within the team with aim to improve better outcomes for service users. They confirmed that the manager operated an open door policy and if they were not available they were aware of the lines of accountability within the organisation and how to escalate any concerns. The organisational structure that identifies the lines of accountability is outlined in the agency's Statement of Purpose.

The manager has worked effectively with RQIA and maintained staff roles and responsibilities in accordance with legislation. The certificate of registration was displayed within the agency's office.

Staff comments:

- "Good communication exists amongst staff."
- "We have monthly meetings, supervision and can talk to the manager as needed."
- "We can receive support from the community team if needed."
- "I feel standard of care given is good and can approach manager with any problem."

Service user comments:

- "I'm very happy here but in two years' time, I would like to possibly move to a fold, being here does help my physical and mental health stay well."

Relatives' comments:

- "I'm pleased with the support and care given by staff ...have seen a good improvement in xxxx."

Professionals' comments:

- "Staff are always contacting me for support and advice."

Nine service users and/or relatives returned questionnaires to RQIA. The responses indicated that they were very satisfied that the service was well led.

Areas of good practice

There were examples of good practice identified in relation to management of incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Alan McNinch, manager and the locality manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 23 (1) (2) (3)</p> <p>Stated: First time</p> <p>To be completed by: 03 April 2018</p>	<p>(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>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>This area for improvement relates to the absence of a number of monthly quality monitoring reports available for inspection.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Manager will ensure monitoring reports will be completed each month and copies kept for inspection purposes</p>
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Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: 03 April 2018</p>	<p>The registered person shall ensure mandatory training requirements are met.</p> <p>This area for improvement relates to the manager ensuring that governance records regarding mandatory training are completed in an accurate, consistent manner and available for inspection.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: A colour coded training matrix has been implemented in all Supported Living Schemes this allows a comprehensive record to be maintained</p>
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	with triggers for the manager should the staff member require training within 3 months. A copy has been forwarded to RQIA
Area for improvement 2 Ref: Standard 12.7 Stated: First time To be completed by: 03 April 2018	<p>The registered person shall ensure a record is kept in the agency, for each member of staff, of all training, including induction and professional development activities undertaken by staff. The record includes:</p> <ul style="list-style-type: none"> • the names and signatures of those attending the training; • the date(s) of the training; • the name and qualification of the trainer or training agency; and • content of the training programme <p>This area of improvement relates to the manager ensuring that a robust governance system is in place in relation to monitoring the completion of mandatory training. These records should be maintained and available for inspection.</p> <p>Ref: Section 6.4 Staff sign in at training event however this is not sent to the manager as it includes staff from across the division.the Manager authorises all traing requests. - Staff will provide the manager with a copy of their training certifiacte which will include dtes and title of traing completed. - Locality manager has obtained the name and qualification of trainers who provide training. These have been sent to RQIA All managers will keep a copy of handout provided at staff training to ensure there is a record of training content.</p>

****Please ensure this document is completed in full and returned via Web Portal****



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