

Unannounced Domiciliary Care Agency Inspection Report 31 May 2016



Braidwater Quay

2-8 Waveney Road, Ballymena, BT43 5FA

Tel No: 02825653755

Inspector: Jim McBride

1.0 Summary

An unannounced inspection of Braidwater Quay took place on 31 May 2016 09.30 to 13.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Alan Mc Ninch registered manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection. 20 April 2015.

2.0 Service details

Registered organisation/registered person: Northern Health and Social Care Trust. Mr Anthony Stevens	Registered manager: Alan Mc Ninch
Person in charge of the agency at the time of inspection: Alan Mc Ninch	Date manager registered: 18 November 2015

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:
Prior to inspection the following records were analysed:

- Previous inspection report and quality improvement plan (QIP)
- Records of notifiable events.

During the inspection the following processes used include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with staff
- File audits

- Discussions with service users
- Evaluation and feedback.

The following records were examined during the inspection:

- A number of care and support plans
- Health and Social Care (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 2016
- Minutes of staff meetings for March, April and May 2016
- Minutes of tenants meetings held in January, February and March 2016.
- Staff training records relating to:
 - Vulnerable adults*
 - Challenging Behaviour*
 - Human Rights*
 - Medication*
- Records relating to staff supervision
- Complaints records
- Induction procedure
- Staff rota information.

4.0 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 specialises in the rehabilitation of people who have had mental health difficulties. The service is designed for 22 individuals.

At the time of the inspection there were 21 individuals receiving a service from 20 staff. During the inspection the inspector spoke with the registered manager, two care workers and three service users. Their feedback has been included throughout this report.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA, six questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users, eight questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

Following discussion with the registered manager, staff and service users, it was noted there was evidence of positive outcomes for service users. This has been demonstrated by the agency throughout this report

The inspector would like to thank the service users and agency staff for their warm welcome and full cooperation throughout the inspection process.

4.2 Review of requirements and recommendations from the last care inspection dated 20 April 2015.

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 16 (4) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: The inspector examined a number of supervision records in place for staff. The records in place were satisfactory and meet the stated requirement.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 6.1 Stated: First	The agency participates in review 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.	Met
	Action taken as confirmed during the inspection: The inspector noted a number of care reviews attended by the agency staff. The records in place meet the requirement.	

4.3 Is care safe?

The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. The Manager stated that the Statement of Purpose is currently being reviewed by the agency. The inspector was advised by the manager that service users are introduced to, and advised of the names of staff that will be providing care and support; this information is also included in the statement of purpose and the service user's guide, both of which are being updated by the agency.

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The inspector examined six care plans in place during the inspection.

The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users and/or representative's views had been obtained and incorporated.

The agency has in place a written policy and procedure for the recruitment of staff. The policy in place evidenced the completion of pre-employment checks. The HSC Trust policy on recruitment was updated by the agency 30 November 2015.

The agency has a structured staff induction programme which includes shadowing by an experienced staff member for all newly appointed staff, as well as induction of staff for short notice/emergency arrangements. One staff member stated *"My induction was comprehensive and helped me with the job preparation."*

The agency's induction standards are in line with the Northern Ireland Social Care Council (NISCC) standards for new workers in social care.

Records examined evidenced that staff have received core mandatory and other relevant training. Records of induction, including short notice procedures and including mandatory training, are retained within staff files reviewed. Staff confirmed that they have direct access to all policies and procedures which are held centrally within the agency or via the staff intranet. The manager reported that he undertakes supervision with senior staff who in turn supervises support staff. The inspector examined staff rotas for weeks beginning 6 May, 13 May, 20 May and 27 May 2016 and was satisfied that the agency's staff resources meet service user needs. Discussions with the manager and staff indicated that an appropriate number of suitably skilled and experienced staff were available at all times.

Staff interviewed demonstrated an awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. Staff were aware of their obligations in relation to raising concerns about poor practice. The manager stated that all suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures. Where shortcomings in systems may have been highlighted as a result of an investigation, additional identified safeguards are put in place.

The three service users interviewed by the inspector stated that they felt safe and secure in their homes. Other comments included:

- "I feel safe and secure here I have my own doors and keys"
- "Staff are good and care for you."

Staff comments:

- "Supervision is one to one with all staff."
- "We support all the tenants as we know their needs well."

Six returned questionnaires from staff indicated:

- Staff receive appropriate training for their role.
- Staff receive supervision and appraisal.

Eight returned questionnaires from service users indicated that:

- Staff are trained to meet our needs.
- The care they receive helps them feel safe and protected from harm.

Comment:

- “I feel very safe here it’s very warming.”

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

The service users interviewed by the inspector stated that they are aware of whom they should contact if there any issues regarding their care. All three said they would contact the manager or any staff member.

Service user records viewed by the inspector evidenced regular contact and feedback received from service users had been followed up. These records evidenced that the HSC Trust carries out care reviews with service users if changes to their needs are identified. The manager discussed with the inspector updated documentation in place for the 2016 care reviews. This updated document shows clear evidence of service users views and opinions being sought prior to their annual care review.

The agency maintains a daily contact record for each service user. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user.

The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions. Service users are advised of independent advocacy services within the service User Guide. The manager stated that the above documents are currently being reviewed by the agency.

Staff interviewed provided examples to demonstrate how they promote service user independence, choices and respect. The service users interviewed were aware of whom they should contact if any issues arise regarding the service. The most recent monthly quality monitoring reports reviewed, evidenced that working practices are being systematically reviewed, in relation to incidents and further service user feedback.

Staff confirmed that they worked very well as a team and that staff meetings are held on a regular basis. One staff member stated *"We have good team meetings and good team work."*

Care records examined reflected individualised assessments and person centred care plans, including choice and preferences, dignity and respect recorded in a manner which promotes the interests and independence of each service user. It was good to note that service users or their representatives are included in decision making regarding their care plan. One service user stated *"My care plan is in place for my independence and choices in my life."*

Service users are also given the opportunity to comment on the quality of service. The agency completed their Service improvement survey in April 2016. The inspector has noted some of the areas the tenants were asked to comment on:

- Are you living in a safe environment?
- Is supported living helping you to recover a better quality of life?
- Is having a named support worker helpful and supportive?
- Can you contact staff if you have any concerns?
- Do you have the opportunity to make suggestions, and be involved in decisions about your care, support and treatment?
- Are you treated with dignity and respect?
- Are you aware that you can make a complaint?
- How happy are you with what is discussed and agreed at your monthly support plan review?
- Can you suggest any improvements?

The inspector noted some comments made by service users:

- "We can share what is happening among other tenants at meetings."
- "It's very comfortable here."
- "I feel safe and secure here."
- "The staff have shown me reasons to live my life."
- "The staff are approachable and supportive."
- "I get good assistance."
- "I benefit well here and know the staff can support me."
- "This is even better than where I was before."
- "Supported living has helped both my family and me as great stress has been lifted from us."
- "I'm not as vulnerable as I was at home."

Comments received during the inspection:

Service user comments:

- "All the staff respect me."
- "Staff are brilliant, I have no complaints here."

Staff comments:

- “We know the tenants’ needs well and support them both here and in community activities.”
- “We respect the tenants’ decisions and help them with further independence.”

Six returned questionnaires from staff indicated:

- Service users get the right care, at the right time and with the best outcome for them.
- There are systems in place to monitor the quality/safety of the service you provide.

Eight returned questionnaires from service users indicated that:

- Staff are trained to meet our needs.
- They get the right care, at the right time and with the best outcome for them.

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The agency’s Statement of Purpose and Service Users Guide suggests that staff will ensure that the beliefs and values of each service user are embedded in the day to day operation of the service. The staff described to the inspector that values form an important part of care provision including privacy, dignity, independence, choice, rights and fulfilment. One staff member stated: *“Tenants wishes and views are important to us as a team.”*

The service users interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff. One service user stated: *“Staff are good at listening and resolving problems with us.”*

No concerns were raised regarding the staff treating the service users with dignity or respect. Service users are offered choices and are encouraged to complete tasks themselves when appropriate. One service user stated: *“The staff listen to me if I worried.”*

Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, relatives, professionals and staff. The agency’s reports of monthly monitoring provide assurance of quality monitoring and service improvement.

The inspector has included some comments made by service users, relatives, staff and HSC Trust professionals during monitoring visits:

Service user's comments:

- "I'm happy with the support I get here."

HSC Trust comments:

- *"Good support is discussed with staff."*

Relatives' comments:

- "Very happy and contented here."
- "A good high standard of support received."

Staff comments:

- "I'm very happy with the support we provide to tenants."

During discussion with staff it was stated that:

- "Effective care is provided by a well-informed staff team."
- "The staff team work extremely well together."

Six returned questionnaires from staff indicated:

- Service users are treated with dignity and respect and involved in decisions affecting their care.
- That the people who use the service have their views listened to.

Eight returned questionnaires from service users indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care.
- Their views and opinions sought about the quality of the service.

Comments:

- "I get the very best of care here in Braidwater."

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The manager reported that the agency are in the process of reviewing some individual systems and processes and where necessary making changes. This is being completed in consultation with senior management staff.

A number of policies and procedures in place are accessible to staff in hard copy and via the staff intranet. Staff interviewed were aware of the complaints procedure and their role if they receive a complaint. The agency complaints policy and procedures are reflected within the current Statement of Purpose and Service User Guide. Both these documents are being updated by the agency.

The agency reported six incidents to the RQIA as required and it was evident that agency procedures had been followed in relation to these. Incidents form part of the monthly monitoring and actions are taken to address concerns.

A number of staff training events have taken place and mandatory training is up to date for all staff. Supervision records examined by the inspector showed clear evidence of compliance with the agency's own policy and procedures. Feedback provided to the inspector indicated that staff do feel supported by the manager and senior staff.

One staff member stated. *"The manager is very good he listens to staff."* Another stated: *"The senior staff are very supportive."*

There was evidence of staff working in partnership with the commissioning HSC Trust. This was confirmed via records, within care plans and through discussions with the manager and staff. There is a whistleblowing policy and procedure and staff interviewed were aware of this.

There was evidence that staff were encouraged to be involved in the development and improvement of the service. This was evidenced in the minutes of staff meetings and during discussions with staff. There was evidence of regular and effective staff supervision, appraisal, and management of performance issues. One staff member stated: *"My supervision is good and I have had my appraisal this year."*

There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all staff. This is included in the agency's current Statement of Purpose.

The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The agency has received no complaints during this period. The agency has responded to all regulatory matters as and when required. This is reflected in the previous quality improvement plan issued to the agency in April 2015. The manager stated that a number of key policies were currently being reviewed by the agency.

The arrangements in place to manage incidents and complaints include measures to prevent recurrence of issues. The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary. The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

During discussion with staff it was stated that:

- “The manager has an open door policy; supervision is daily we don’t have to wait to discuss any matter.”
- “We have very effective and good communication with managers.”

Service users’ comments:

- “The staff are very supportive and helpful.”
- “The manager is excellent; he knows us all well and has time for you.”

Six returned questionnaires from staff indicated:

- The service is managed well.
- We’re satisfied that quality monitoring is undertaken regularly for both staff/volunteers and people who use the service.

Eight returned questionnaires from service users indicated that:

- Feel the service is managed well.
- They were satisfied that any concerns or complaints would be listened to and responded to.

Comments:

- “The manager is excellent at his job.”
- “Braidwater staff are absolutely brilliant. However, higher authorities do not really understand mental illness.”

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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