

Unannounced Care Inspection Report 18 February 2020



Braidwater Quay

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

www.rqia.org.uk

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. The service is managed by the Northern Health and Social Care Trust (NHSCT) 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.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 18 February 2020 from 09.00 to 11.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and ongoing development. The care records were well maintained and there was evidence of good communication with relevant stakeholders. Care and support was provided in an individualised manner. The agency promoted the involvement of service users. There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

Staff interactions observed by the inspector were noted to be warm and caring. Service users consulted with also spoke positively in relation to the care and support they received.

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	0	0

4.2 Action/enforcement taken following the most recent care inspection dated 21 March 2019

The completed QIP was returned and approved by the care inspector.

No further actions were required to be taken following the most recent inspection on 21 March 2019.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- Previous RQIA inspection report and quality improvement plan (QIP) 21 March 2019.
- All correspondence received by RQIA since the previous inspection.

A range of documents relating to the service were reviewed during the inspection and are referred to within the report.

Staff comments:

- "We help service users with risk management."
- "We promote independence whilst focussing on individual outcomes for service users."
- "We work with the least restrictions in place in conjunction with service users."
- "Staff communication is excellent."
- "The manager is approachable and accommodating."
- "Supervision, induction and training is excellent."

Service user's comments:

- "Staff help me with my needs."
- "All staff are excellent."
- "I enjoy the outings with staff."
- "I can talk to the manager at any time."
- "We all get on well."
- "I have no complaints."

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten questionnaires were also provided for distribution to the service users and their representatives; five responses were returned; showing good levels of satisfaction.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 21 March 2019

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		
<p>Area for improvement 1</p> <p>Ref: Regulation 23 (2) (3)</p> <p>Stated: Second time</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>Met</p>

	<p>This area for improvement relates to the quality of a number of monthly quality monitoring reports available for inspection. In accordance with Regulation 23 (2) (3), the registered person must forward to RQIA reports of quality monitoring visits undertaken on a monthly basis until further notice.</p> <p>Ref: 6.7</p>	
	<p>Action taken as confirmed during the inspection: The inspector confirmed that a number of monthly quality monitoring reports were in place that meets the requirements of Reg 23.(2)</p>	
<p>Area for improvement 2 Ref: Regulation 21 (1) Stated: First time</p>	<p>The registered person shall ensure that records specified in Schedule 4 are at all times available for inspection at the agency premises.</p> <p>Refers but is not limited to records relating to induction, supervision and appraisal of staff.</p> <p>Ref: 6.4</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector confirmed and reviewed a number of staff records in place that meet the requirements of Reg 21 (1).</p>	
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>		Validation of compliance
<p>Area for improvement 1 Ref: Standard 12 (7) Stated: Second time</p>	<p>The registered person shall ensure mandatory training requirements are met.</p> <p>Ref: 6.4</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector noted a number of training topics completed by all staff during 2019-2020. The evidence in place meets the requirements of Standard 12 (7).</p>	

6.2 Inspection findings

6.3 Is care safe?

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

The agency's arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the organisation's head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices. Sample rotas show that staffing levels were consistently maintained.

New employees are required to go through an induction which included training identified as necessary, for the service and familiarisation with the agency and the organisation's policies and procedures. Induction has been developed to include the Northern Ireland Social Care Council (NISCC) Induction Standards. The induction was in line with regulation timeframes.

There was a rolling programme of training, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes by another manager. It was noted that additional training had been provided to staff in areas such as: equality and diversity, consent and capacity, deprivation of liberty safeguards (Dols) and human rights.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records confirmed that any potential safeguarding incidents had been managed appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior director within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

Discussion with staff confirmed that they were they were aware of what action to take if they had concerns regarding a service user being safeguarded and that they had been empowered to do so. Assurances were provided that the Annual Position Report will be completed in 2020.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that risk assessments had been completed in conjunction with service users and their representatives. This was verified by records viewed and during discussions with staff and service users.

Care records and information related to service users were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with General Data Protection Regulations (GDPR).

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The agency's arrangements for responding appropriately to and meeting the assessed needs of service users were examined during the inspection.

The full nature and range of service provision is detailed in the Statement of Purpose, (2019) and Service User Guide, (2019).

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans and annual care reviews with the relevant HSC Trust representative. This supported the agency in conjunction with service users to review and measure outcomes. It was good to note that care plans are regularly audited by staff and reviewed in conjunction with service users and key stakeholders.

Care plans were noted to be person-centred. Care records did show that service users were central to the process. Care review records were reviewed and it was noted that follow up action had been taken in response to identified actions. Where HSC Trust professionals had made recommendations in relation to service users' care plan e.g. risk assessments, there was a system in place for review feedback. The inspector noted some of the comments made by service users during their annual reviews:

- "The support from staff is good."
- "I can manage a lot of things by myself now."
- "I have no issues."
- "I have no concerns here."
- "It's dead on here."
- "I attend all my health check and I'm ok here."

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care and support plans had been signed by service users or their representatives who indicated that they had been involved in their care and had agreed to it. It was noted that where care/support plans had been reviewed and relevant documentation was in place.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with and where applicable other key stakeholders were involved.

Service user meetings and staff meetings were held on a regular basis and minutes were available for those who were unable to attend. The staff and service users had the opportunity to discuss a number of topics during meetings.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, staff, HSC Trust representatives and relatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation quality monitoring and the agency’s engagement with the service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 inspector sought to assess the agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on equality and diversity and human rights.

Discussions with the service users, staff and the manager provided evidence that supports service users’ equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

Some of the other areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person-centred care

- individualised risk assessment
- disability awareness

Records of service user meetings and reports of quality monitoring visits indicated the agency’s systems for regularly engaging with service users and where appropriate relevant stakeholders.

Staff spoken with were aware of issues relating to consent. Staff members gave examples of the importance of involving service users in making decisions about their own care. They spoke about respecting service users’ rights to decline care and support and in recognising the best times for service users to make certain decisions. It was good to note that staff were promoting the autonomy of service users.

Service users consulted with during the inspection gave good examples of the different ways the staff treated them with respect and dignity, whilst promoting their independence. Staff interactions observed by the inspector were noted to be warm and caring.

Areas of good practice

The agency promoted the involvement of service users within the service. There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and engagement, with service users and other relevant stakeholders with the aim of promoting the safety of service users, improving the quality of the service provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 the management and governance systems in place within the agency to meet the needs of the service users. It was identified that the agency has effective systems of management and governance in place.

The staff members spoken with confirmed that there were good working relationships and that the manager was responsive to any suggestions or concerns they raised.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). The manager confirmed that information regarding registration and renewal dates were maintained by the agency. A review of NISCC records confirmed that all staff are currently registered. The manager described the system in

place for monitoring renewal of NISCC registrations and confirmed that all staff are aware that they are not permitted to work if their registration has lapsed. The manager is registered with the NMC and records in place were up to date.

There had been no complaints received by the agency from the date of the last inspection. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

Monthly quality monitoring visits were completed. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

There was a system in place to ensure that the agency’s policies and procedures were reviewed at least every three years. Policies were held online and were accessible to staff. The inspector reviewed the following policies:

- complaints
- safeguarding
- whistleblowing
- confidentiality

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the service users and staff. The agency had received positive feedback through the quality monitoring report from HSC trust representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives 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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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