

Unannounced Care Inspection Report 21 March 2019



Braidwater Quay

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

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 McNinch
Person in charge at the time of inspection: Senior support worker	Date manager registered: 18 November 2015

4.0 Inspection summary

An unannounced inspection took place on 21 March 2019 from 10.15 to 14.15.

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 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 ensuring records are available for inspection. Two areas for improvement will be restated; these refer to ensuring monthly monitoring reports are robust and are sent to RQIA on a monthly basis and ensuring mandatory training requirements are met.

Service users and a relative consulted with spoke highly of the service provided at Braidwater Quay in regards to safe, effective, compassionate and well led care.

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.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	1

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, 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 06 March 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 6 March 2018.

5.0 How we inspect

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

- previous inspection report and quality improvement plan (QIP)
- record of notifiable events since the last inspection
- record of complaints notified to the agency

The following records were examined during the inspection:

- five service users' care and support plans
- care review records
- Health and Social Care Trust (HSCT) assessments of needs and risk assessments
- recording/evaluation of care records
- monthly quality monitoring reports
- staff meeting minutes
- tenant meeting minutes
- records relating to staff training, including induction training
- complaints records
- incident records
- safeguarding adults in need of protection procedures
- Statement of Purpose
- Service User Guide

During the inspection the inspector met with four staff members and four service users. Following the inspection the inspector also spoke with a relative on the telephone to obtain their views of the service.

The person in charge was asked to distribute questionnaires to service users/family members. No questionnaires were returned prior to the issue of the report.

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 give their views, and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

The inspector requested that the person in charge place a 'Have we missed you?' card in a prominent position in the agency to allow service users, and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

An RQIA information leaflet ‘how can I raise a concern about an independent health and social care service’ was also provided to be displayed in the agency.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 06 March 2018

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

6.2 Review of areas for improvement from the last care inspection dated 6 March 2018

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

	<p>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>Action taken as confirmed during the inspection:</p> <p>Monthly monitoring reports were available for inspection but some lacked sufficient detail in respect of auditing working practices and this area for improvement will be restated.</p>	
<p>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</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>Action taken as confirmed during the inspection:</p> <p>A review of governance records evidenced that the registered manager is maintaining a training matrix which identifies staff training needs and facilitates monitoring and planning. Some gaps in respect of completed training were evident on the training matrix and this matter is therefore restated.</p>	<p>Not met</p>
<p>Area for improvement 1</p> <p>Ref: Standard 12.7</p> <p>Stated: First time</p>	<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 • content of the training programme 	<p>Met</p>

	<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</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>Staff provide the registered manager with a copy of their training certificate when training is completed and copies of the training hand outs are maintained. Staff attendance at training is also maintained on the NHSCT electronic training system. The names and qualifications of trainers who provide training as directed by the NHSCT training department are maintained.</p>	

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’s recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The organisation has a central human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The person in charge discussed the system in place to identify when staff are due to renew registration with Northern Ireland Social Care Council (NISCC). Information regarding registration details are verified and recorded by the NHSCT social care governance department.

The inspector was unable to get access to staff personnel files to review induction, supervision and appraisal arrangements. The cabinet was locked and the key was not on the premises. The person in charge was informed that all records should be available for inspection; this matter is an area for improvement.

Discussions with staff confirmed that there were systems in place to monitor staff performance and ensure that staff received support and guidance. Staff spoken with on the day of inspection confirmed the availability of supervision and appraisal processes and an open door policy for discussions with the management team.

A review of governance records evidenced that the registered manager is maintaining a training matrix which identifies staff training needs and facilitates monitoring and planning. Some gaps in respect of completed training were evident on the training matrix and this matter is therefore an area for improvement.

The inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust. The person in charge discussed the agency’s response to an escalating risk and the inspector was satisfied that appropriate measures had been taken to ensure the safety of staff and service users. These measures included increasing staffing during night time hours. Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users.

Through discussions with staff, as well as the inspector’s observations, it was evident that the staff are very knowledgeable regarding each service user and the support required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk management.

Areas for improvement

Two areas for improvement have been identified and refer to:

- Ensuring records are always available for inspection
- Ensuring mandatory training needs are met

	Regulations	Standards
Total number of areas for improvement	1	1

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 responding to, assessing and appropriately meeting the needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The inspector was advised that there is a core staffing team who have worked in the service for a number of years. It was clear from discussions and observations that the carers have good knowledge of the service users and the level of help required.

Service user records viewed during the inspection were noted to be well organised and retained securely in accordance with legislation, standards and the organisational policy.

The inspector reviewed a sample of five service users’ care and support records from service users from both sites. The care records were noted to be comprehensive and maintained in an organised manner. The care records evidenced referral information, multi-disciplinary assessments, risk assessments and care plans provided by the NHSCT community team.

Discussions with staff concluded that effective communication systems were in use within the staff team to ensure that staff receive information relevant to the care and support of service users.

The inspector confirmed with the four service users spoken with during the inspection that there were no matters arising regarding the support being provided by staff in the Carniny Court and Waveney Road sites.

Discussion with service users and staff evidenced that they felt the care provided was effective. The following is a sample of comments made:

Service users' comments:

- "I am here two years it is really good."
- "Staff are very kind and caring."

Staff comments:

- "You feel as if you are achieving something here."
- "The quality of life for service users is good."

Tenant meetings are held regularly so that service users can raise any issues concerning them and discuss activities that the service users would like to do as a group and household matters.

Areas of good practice

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

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 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/their representatives in decisions affecting their care and support.

The staff members spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user's wishes, dignity and respect. They also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy

Observations of staff and service users during the inspection found that staff communicated respectfully with service users. Service users described good relationships with staff, which enabled them to be able to speak to staff if they had any concerns.

Staff discussed the involvement of other statutory and voluntary agencies who support service users to lead more fulfilling lives. Staff also identified the importance of promoting independence and social inclusion of service users to encourage a sense of wellbeing. They described the choices and flexibility service users could exercise while having access to the support of the staff team who were responsive to their needs.

Comments by staff received during inspection:

- “You feel you are achieving something with service users here.”
- “People are moving forward.”

Comments by the service users received during inspection:

- “Staff are kind and caring.”
- “Staff are good, some I have a better relationship with.”

A relative spoken with following the inspection felt that care was compassionate. The relative advised that support staff treat the service users with dignity and respect. They emphasised that the care and support provided is of a high standard.

Relative’s comments received during inspection:

- “Staff couldn’t treat them any better.”
- “Couldn’t be in a better place.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of 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 Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained information in compliance with the relevant standards and regulations.

On the date of inspection the RQIA certificate was displayed appropriately and was reflective of the service provided. Under the direction of the manager, Mr Alan Mc Ninch, the agency provides domiciliary care/supported living to 20 adults.

Staff consulted with confirmed that if they had any concerns or suggestions they could raise these with the management team. Positive feedback was given in respect of leadership and good team working and effective communication.

Comments by staff received during inspection:

- “We have a very good working team.”
- “We are very well supported.”
- “You can always go to the manager or senior staff.”

Discussions with staff confirmed that they were aware of their obligations in relation to raising concerns with respect to service users’ wellbeing and poor practice, and were confident of an appropriate management response. Staff confirmed that they were aware of the NHSCT’s whistleblowing policy and were able to access it.

The inspector discussed the monitoring arrangements under regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A review of records confirmed that the monthly quality monitoring visit reports are completed on a peer review basis by managers across similar supported living services. Monthly quality monitoring visit reports were available to be examined since the last inspection. While a sample of reports examined evidenced that monthly monitoring was found to be in accordance with minimum standards regarding input from service users, relatives, staff members and professionals, some inconsistencies were evidenced in respect of other matters. The inspector highlighted that reports need to be more detailed in relation to the audit of files and additional areas such as training and actions for improvement should be explicit to ensure a comprehensive review of all records over a period of time. An area for improvement has been stated regarding submission of monthly reports to RQIA post inspection for review.

Discussions with the senior support worker confirmed there had been no adult safeguarding referrals since the previous inspection. Discussions with staff during the inspection demonstrated that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. Staff could discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

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

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- individual risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the referral information received from the HSCT.

The agency maintains and implements a policy relating to complaints and compliments. On the day of the inspection it was noted that two complaints had been received since the last inspection these were recorded and managed according to the agency's procedures.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and maintaining good working relationships.

Areas for improvement

An area for improvement was identified in regards to the submission of monthly quality monitoring visit reports.

Total number of areas for improvement	1	0
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7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, 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 (2) (3)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing.</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 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>Response by registered person detailing the actions taken: RQIA reports of Quality Monitoring visits undertaken will be forwarded to RQIA until further notice</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and .ongoing</p>	<p>The registered person shall ensure that records specified in Schedule 4 are at all times available for inspection at the agency premises. Refers but is not limited to records relating to induction, supervision and appraisal of staff</p> <p>Ref: 6.4</p>
<p>Response by registered person detailing the actions taken: Registered person will ensure that any records specified in Schedule 4 are at all times available for inspection at the agency premises</p>	

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 12 (7) Stated: Second time	The registered person shall ensure mandatory training requirements are met. Ref: 6.4
To be completed by: 21 June 2019	Response by registered person detailing the actions taken: Registered person will ensure all mandatory training for staff is met, recorded and reviewed on training log for inspection.

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



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