# Unannounced Care Inspection Report
# 08 March 2018

# The Pines

**Type of Service: Domiciliary Care Agency**
**Address: 48 Steeple Road, Antrim, BT41 2QA**
**Tel No: 02894428752**
**Inspector: Marie McCann**

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 Antrim, which provides a 24 hour communal supported living service for adults over 18 years of age who have enduring mental health needs. There is accommodation for 12 service users with shared access facilities. Supported living aims to provide a complete integrated package of support and housing that is flexible, responsive and innovative.

## 3.0 Service details

| | |
|---|---|
| **Organisation/Registered Provider:**<br>Northern HSC Trust<br><br>**Responsible Individual:**<br>Dr Anthony Baxter Stevens | **Registered Manager:**<br>Mr Robin John Luke |
| **Person in charge at the time of inspection:**<br>Mr Robin John Luke | **Date manager registered:**<br>24 June 2014 |

## 4.0 Inspection summary

An unannounced inspection took place on 08 March from 08:50 to 14:30.

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 identified in relation to staff supervision and staff appraisal; adult safeguarding; risk management; service user care records; service user review processes; communication and good working relationships between service users, agency staff and other key stakeholders.

One area requiring improvement under the minimum standards was made in relation to training records.

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 | 1 |

Details of the Quality Improvement Plan (QIP) were discussed with Robin Luke, the 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 9 May 2016

No further actions were required to be taken following the most recent inspection on 9 May 2016.

## 5.0 How we inspect

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

- unannounced care inspection report 09 May 2016
- iuncident notifications which revealed no incidents had been notified to RQIA since the last care inspection in May 2016
- information and correspondence received from the manager and the Northern Health and Social Care Trust (NHSCT)
- record of complaints

During the inspection the inspector met with:

- the manager and deputy manager
- the locality manager
- four staff

The inspector observed the interactions of the staff with service users. While service users were offered the opportunity to meet with the inspector, no such feedback was received. Service user feedback was therefore obtained from review of the agency's monthly quality monitoring reports and returned questionnaires.

The following records were examined during the inspection:

- Four service users' care records
- Three staff personnel records
- The complaints record from May 2016 to February 2018
- The staff rota information from 29 January to 25 February 2018
- Minutes of service users' (tenant) meetings
- Minutes of staff meetings
- Monthly quality monitoring reports from June 2016 to February 2018
- Adult Safeguarding Policy 2017
- Whistleblowing Policy 2016
- Procedures for the Processing of Personal Information Policy 2017
- Training Policy April 2016
- Supervision Policy October 2015
- Induction Policy August 2017
- The Statement of Purpose April 2017
- The Service Users Guide (Tenants Handbook) April 2017
- Annual quality report 01 April 2016 to 31 March 2017
- Fire safety records

Following the day of inspection the inspector consulted with:

- one Health and Social Care Trust (HSCT) professional
- three service users' relatives

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/or relatives' questionnaires were given for distribution; five questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The findings of the inspection were provided to the manager and 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 9 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 9 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.**

During the inspection staffing arrangements were viewed by the inspector. 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 prior to them commencing employment. The documents viewed at that time were satisfactory.

Staff rota information and feedback from staff and service users' and/or relatives' questionnaires indicated that sufficient numbers of staff were available to meet the needs of service users. The agency's staff rota accurately reflected staffing levels as described by the manager. It was agreed with the manager that they would amend the duty rota to specify the actual hours staff are on duty.

Staff interviewed spoke of an induction process lasting more than three days which enabled them to feel competent to undertake their roles and responsibilities. Staff who were interviewed confirmed that they had previously been employed by the NHSCT and had worked in various settings supporting service users with mental health needs. Discussion with these staff members evidenced that they possessed a significant amount of experience caring for service users with mental health needs. Staff reported that the induction process enabled them to foster positive working relationships with service users while other staff stated that they had supported service users prior to and during their transfer into supported living, which they believed had helped to develop good relationships and consistency for the service users.

A review of induction records noted that they were signed by the person responsible for providing the induction and the staff member being inducted, however the records identified that the duration of staff inductions had not been recorded. This was raised with the locality manager who agreed that future induction records would evidence this information. This will be followed up at future inspection.

The agency has an electronic system in place for recording and tracking staff training. The deputy manager confirmed the process for identifying and highlighting staff training needs. It was noted that staff are required to complete mandatory training and have access to training opportunities in addition to mandatory requirements. Additional training opportunities such as Human Rights, human immunodeficiency virus (HIV) Awareness, MAPA (Management of Actual and Potential Aggression), Deprivation of Liberty and Autism awareness had also been provided. Training records viewed evidenced that staff had completed mandatory training. However, the review of the training records identified deficits in relation to what is required to be recorded and retained. This has been identified as an area for improvement under the minimum standards. It was agreed with the manager and locality manager that staff will be asked to provide copies of all training certificates to the deputy manager who has ongoing delegated responsibility for governance training records.

A review of staff supervision records identified that the majority of staff had received formal supervision in compliance with the agency's supervision policy and expected timescales. However, it was noted that supervision records did not consistently evidence why supervision sessions with staff occurred outside expected timescales, where necessary. In discussion with the manager and deputy manager it was agreed that supervision records should provide an explanation for any instances whenever supervision sessions fall outside expected timescales. Records examined noted that staff had received annual appraisals.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The manager reported that there were no current safeguarding incidents. The management of two previous adult safeguarding referrals were discussed and the manager and deputy manager; they spoke confidently about the agency's role in identifying the concerns, referring the incident to the NHSCT safeguarding team and the collaborative approach which was adopted with the multi-professional team to ensure actions were put in place to provide safer and better outcomes for the service users affected.

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 associated Operational Procedures and the organisation has an identified Adult Safeguarding Champion (ASC). The staff interviewed demonstrated knowledge of their roles and responsibilities in relation to adult safeguarding. Review of records confirmed that staff are up to date with mandatory adult safeguarding

training. Discussions with the locality manager identified that a group training session is planned for the forthcoming training year to specifically review the new operational procedures.

The inspector viewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. It was noted that holistic assessments and risk assessments were undertaken with service users which informed the care planning and support planning process. There was evidence that risk assessments were reviewed as needed, care plans were regularly updated, service users were supported to participate in an annual review involving their HSCT keyworker and support plans were reviewed monthly or as required.

The agency had mechanisms in place to audit on a monthly basis any practices that are deemed to be restrictive. There were no restrictive practices noted other than the need for several service users to have assistance with management of their finances. These arrangements were agreed collaboratively and reviewed as part of their monthly support plan review.

The agency's premises are located within the same building as the service users' accommodation. The premises include two TV lounges and two fully fitted kitchens/dining rooms which are all shared communally. These communal areas in addition to a staff office were noted to be in compliance with the agency's Statement of Purpose.

Good governance arrangements were identified with respect to fire safety within the agency. Robust systems were noted to be in place to undertake specific fire check's at set intervals.

**Service users' comments:**

- "This is my home and it feels like home, I'm very happy here."

**Staff comments:**

- "There is a good variety of training courses available."
- "ELearning is very good."
- "I feel trained to do job."

**Professionals' comments:**

- "I've absolutely no concerns about The Pines."
- "It's a very good service."

**Relatives' comments:**

- "I love the environment and happy with xxxx being there."
- "Xxxx is very well looked after."
- "They (staff) watch out for xxxx."
- "Staff are on the ball with things and notice changes."

Five service users and/or relatives returned questionnaires to RQIA. The responses indicated that they were satisfied that the care provided is safe.

**Areas of good practice**

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

**Areas for improvement**

One area requiring improvement under the minimum standards was made in relation to training records.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 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 appropriately responding to and meeting the assessed needs of service uses were reviewed during the inspection process. The full nature and range of service provision is laid out in the Statement of Purpose and the Service User Guide.

A review of service user care records confirmed they were utilised and stored in a way that maintains confidentiality, safety and security in compliance with data protection requirements. The agency had provided staff with appropriate guidelines for the management of information with the Procedures for the Processing of Personal Information Policy 2017.

The records sampled included a tenant's agreement which clearly laid out the costs of the service; assessment of needs; risk assessments; care plans; support plans; review records and daily progress notes. As appropriate, the service user care records reflected the service user and relative's participation with regards to the service user's health and social care needs, along with evidence of multi-professional involvement where necessary. This practice is commended.

The agency had a quality monitoring system in place to oversee, audit and review the effectiveness and quality of care delivered to service users through monthly quality monitoring visits and an annual audit quality review report. Monthly quality monitoring visits evidenced engagement with service users, relatives, staff and other stakeholders in order to obtain feedback on the quality and effectiveness of the service. The records demonstrated a quality improvement focus by reviewing incidents; restrictive practices; safeguarding issues; RQIA improvement plans; the environment and areas for auditing such as service users care records, service user financial agreements; staff training and staff supervision arrangements. Any actions required were recorded and carried forward to be reviewed the following month.

Monthly quality monitoring records for the period June 2016 to February 2018 were available for inspection with the exception of October 2017, which was provided to the inspector following the inspection. On review of a sample of monthly quality monitoring records, it was discussed with the manager and locality manager that some of the monthly quality monitoring records lacked necessary detail for the manager to effectively review and quality assure service delivery. Assurances were given 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 quality monitoring report for March 2018 and an improvement was noted.

Staff demonstrated a person centred approach to supporting service users. They described how they were open and receptive to feedback from service users and actively encouraged this to ensure service users felt listened to. This person centred approach was regularly facilitated through formal and informal arrangements such as service users meetings, monthly support plan reviews and annual care reviews with the service users HSCT representatives. The agency's Statement of Purpose and Service User Guide provided details of how to make a complaint and advised service users to talk to staff if they had any issues. An explanation was provided within the Service User Guide regarding the keyworker role in order to promote trusting working relationships. Staff described how their knowledge of service users and their needs enabled them to provide timely and effective care. Staff acknowledged that some service users found it difficult to engage on occasions and that they would adapt their various verbal and non-verbal communication techniques in order to be sensitive to the individual needs of service users while ensuring consent is sought as appropriate.

The Service User's Guide provided information regarding the role of an advocate and contact details of an independent Advocacy Service.

Discussion with the manager and review of records evidenced that service user meetings were held on a regular basis, minutes were maintained and included the name of service users in attendance. The manager agreed that the names of any staff in attendance at the meetings would be recorded in all future minutes. The areas discussed in the service users' meetings were varied; there was evidence of new service users being welcomed; suggestions being sought for day trips; activities and promotion of health and wellbeing.

Staff meetings were held regularly as evidenced by minutes maintained by the agency. Although these minutes evidenced that the meetings had no set agenda, discussion with staff confirmed that they found them helpful and were able to raise issues for discussion as needed. In discussion with the manager it was agreed that a more robust system for sharing the minutes of staff meetings was required. The manager stated that they would ensure that minutes of future staff meetings would be emailed to the staff group. This will be reviewed during future care inspections.

Discussions with relatives and a HSCT representative indicated that there was effective communication with staff in respect to the needs of service users and that they felt confident that any concerns raised would be responded to appropriately and in a timely manner. A relative provided positive feedback regarding the effective working relationship they have with staff, commenting "staff keep me up to date on everything…I can pop in to see staff any time if I'm worried about xxxx and they will talk with me". A second relative commented "staff communicate with me if anything is needed or to give me an update."

**Relatives' comments:**

- "Staff are fantastic, they do a good job and keep me informed."
- "Broadly speaking I'm happy with xxxx care."
- "There are no complaints from xxxx."
- "I think it's a brilliant place."
- "Xxxx is very happy here …. staff are always friendly."

**Staff comments:**

- "Standard of care is excellent and couldn't be better."
- "It's good to see tenants go out together or come to communal areas for some things like watching football."
- "There is a good rapport with staff and tenants, they all know who their keyworkers are but will come to talk to any of us."

**Professionals' comments:**

- "I have no concerns over the care regime in The Pines."

Five 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 identified throughout the inspection in relation to service user care records, service user review processes, communication between service users, agency staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified in this domain 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, equality and respect, and to fully involve service users in decisions affecting their care and support.

Discussions with staff and observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation.

Staff were observed communicating with service users providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and expectations. Service users presented as comfortable in their interactions with staff. The agency office was locked to ensure confidential records were securely maintained.

Staff feedback described a person centred service, where they promoted participation of service users in their goal setting and support planning. They recognised how changes in service users' mental health needs can impact upon support plans. Staff explained how they continually assess service users' needs and ensure that interventions are carried out at a pace

best suited to the needs of service users, thereby promoting recovery and independence. Staff described how they sought permission to access service users' individual personal space.

Service users had individual support plans and access to activities that were of specific interest or benefit to them. Services available within the agency ranged from gardening, gym, reflexology, cooking and individual programmes agreed in partnership with an Occupational Therapist.

Throughout the inspection process no concerns were raised regarding staff treating the service users with dignity and respect.

**Staff comments:**

- "It would be great if OT (Occupational Therapist) had more hours in the service."
- "I love the way tenants are treated here."
- "I like the atmosphere."
- "Tenants are very open to discuss things, and tell us of any concerns if they aren't happy."

**Professionals' comments:**

- "I've no concerns with service or care provided during the times I've visited with tenants."

Five 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 identified 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 in this domain 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 sought to assess the agency's leadership, management and governance arrangements to meet the needs of service users. The agency was managed on a day to day basis by the manager and deputy manager. There was a clear organisational structure and this information was outlined in the agency's Statement of Purpose and Service User Guide, which were noted to have been kept under review, revised and updated when necessary.

Staff demonstrated knowledge of lines of accountability within the agency and knew when and who to discuss concerns with. They described an open door policy with the manager and deputy manager and that they were confident that any concerns or suggestions made would be listened to and addressed. Discussion with staff further evidenced that they were aware of their roles and responsibilities and would know how to respond to concerns about the performance of a colleague and how to access the whistleblowing policy.

The inspector noted that staff worked effectively as a team. Staff comments reflected a collaborative approach in which staff members were encouraged to contribute. One staff member commented "we talk about everything all the time, not just at staff meetings." Staff described how this approach fostered improvements in practice, staff learned from one another and reviewed what worked well and what didn't.

It was good to note that safeguarding issues, staff training and development was an integral part of the supervision process.

A range of policies viewed were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards. It was identified that the agency had a range of policies and procedures, some of which were accessible in paper format contained within the agency's office. 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 needed to enable them to fulfil their roles and responsibilities. The deputy manager confirmed that a system was in place for sharing information with staff such as, new/amended policies and updates from training sessions. The purpose of this system was to support the ongoing professional development of staff.

The complaints records held by the agency evidenced that there had been no complaints since the last inspection. The manager described the complaints process which would include obtaining details as to the nature of the complaint, who had been contacted in relation to the complaint, actions taken, outcomes and that any complaints should be reviewed for learning. The agency has a dedicated complaints department within the NHSCT which manage formal complaints. Discussion with staff interviewed confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints.

The inspector noted that the agency had governance arrangements in place to highlight and promote the identification and management of risk. Accidents and incidents were effectively recorded within the organisation's electronic system. Details of accident/incidents were reviewed with focus on preventing recurrence and learning from outcomes. The information entered into the system was passed electronically to the manager, locality manager and the NHSCT governance team for monitoring and auditing. The manager and deputy manager demonstrated knowledge of the procedure to follow regarding reporting accidents and incidents to RQIA and other relevant agencies.

There were arrangements in place to ensure that staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate. The manager stated that information regarding registration details and renewal dates are maintained by the NHSCT social care governance department who generate an email to the manager advising when a staff member's renewal date is pending. The manager confirmed that upon receipt of this email they liaise with staff to ensure that they have taken appropriate action after which renewal details are verified and recorded by the organisation's governance department.

There was evidence of effective and collaborative working relationships with HSCT professionals identified within the review of incidents, service user care records and from discussions with staff. Staff advised how they had accessed the support of the multi-disciplinary team as and when needed and that responses were timely. In addition, they described how they work in partnership with other organisations as needed to meet the individual needs of services users.

The manager has worked collaboratively to date with RQIA as appropriate.

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

**Staff comments:**

- "The manager is very supportive."
- "Definitely feel any issues or concerns would be listened to."

**Professionals comments:**

- "Staff are very good at linking in with us if any concerns as needed, the staff are also good at dealing with a lot of issues themselves."
- "The staff work very hard and long shifts."

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to governance arrangements, management of accident and incidents, quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified in this domain 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 Robin Luke, 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 Minimum Standards, 2011 | |
|---|---|
| **Area for improvement 1**<br><br>**Ref**: Standard 12.7<br><br>**Stated**: First time<br><br>**To be completed by**:<br>5 April 2018 | The registered person shall ensure that 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:<br><br>• the names and signatures of those attending the training;<br>• the date(s) of the training;<br>• the name and qualification of the trainer or training agency; and<br>• content of the training programme.<br><br>This area of improvement relates to the registered manager ensuring these records are maintained and available for inspection.<br><br>Ref: Section 6.4 |
| | **Response by registered person detailing the actions taken:**<br>The Unit Manager authorises all training requests as well as monitors the completion of mandatory training according to the necessary frequency i.e. one a year, every three years and so forth.<br><br>Whilst staff sign a record of attendance at training this is not shared across the service. To address this shortfall the following monitoring and record of training and professional development arrangements are in place:<br>- Staff will provide the Unit Manager with a copy of their training certificate which includes a record of the date of training and a title of the training completed. This can include a summary of the objectives achieved at training.<br>- The Locality Manager to whom the Unit Managers report has obtained the name and qualification of trainers who provide training. This information has been shared with RQIA.<br>- All Unit Managers will keep a copy of handout/training content provided at staff training to ensure there is a record of training content. |

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

The Regulation and Quality Improvement Authority

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