

Unannounced Care Inspection Report 17 January 2019



The Pines

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

The Pines is a supported living type domiciliary care agency which provides a 24 hour supported living service for adults over 18 years of age who have enduring mental health needs. There is accommodation for 12 service users who have individual rooms and a number of shared facilities.

3.0 Service details

Organisation/Registered Provider: Northern Health and Social Care Trust (NHSCT)	Registered Manager: Mr Robin John Luke
Responsible Individual: Dr Anthony Baxter Stevens	
Person in charge at the time of inspection: Deputy Manager, Registered Manager attended for part of the inspection	Date manager registered: 24 June 2014

4.0 Inspection summary

An unannounced inspection took place on 17 January 2019 from 09.15 to 15.45.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, staff knowledge and management of adult safeguarding concerns, risk management and care records. Further areas of good practice were also noted in relation to communication between service users, agency staff and other key stakeholders; the provision of compassionate care; governance arrangements; staff supervision and appraisal; quality improvement and maintaining good working relationships.

One area for improvement was identified in regards to the report of monthly quality monitoring visits.

Service users' comments are included throughout the report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Robin Luke, registered manager and the deputy 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 8 March 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 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:

- The registration details of the agency
- Information and correspondence received by RQIA since the last inspection
- Incident notifications which highlighted that one incident had been notified to RQIA since the last care inspection 8 March 2018
- Unannounced care inspection report and QIP from 8 March 2018.

During the inspection the inspector met with the registered manager, deputy manager, two support workers, two service users and three visiting professionals.

The following records were examined during the inspection:

- Staff induction records for three recently recruited members of staff
- The personnel records for three staff in relation to supervision and appraisal
- Staff training matrix
- Three service users' care records
- A sample of service users' daily records
- The agency's complaints record from date of last inspection
- Staff roster information from 1 December 2018 to 20 January 2019
- A sample of minutes of staff meetings since the last inspection
- The agency's record of incidents and accidents since the last inspection
- A sample of monthly quality monitoring reports from March 2018 to January 2019
- Statement of Purpose, January 2019
- Service User Handbook (Tenant Handbook), January 2019
- Staff Handbook.

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

Ten service user and/or relatives' questionnaires were provided for distribution; six questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the deputy manager place a 'Have we missed you' card in a prominent position in the agency, as appropriate to allow service users, relatives and staff 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.

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 March 2018

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

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

6.2 Review of areas for improvement from the last care inspection dated 8 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 12.7</p> <p>Stated: First time</p>	<p>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:</p> <ul style="list-style-type: none"> • the names and signatures of those attending the training; • the date(s) of the training; • the name and qualification of the trainer or training agency; and • content of the training programme. <p>This area of improvement relates to the registered manager ensuring these records are maintained and available for inspection.</p> <p>Ref: Section 6.4</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: A sample of training records viewed evidenced that following training staff provide the deputy manager with a copy of their training certificate and copies of the training materials are maintained. A record of 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>	
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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 inspector reviewed the agency’s systems in place to avoid and prevent harm to service users; which included a review of staffing arrangements in place within the agency.

The agency has a human resources (HR) department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The registered manager described the procedure for ensuring that staff are not provided for work until all necessary checks had been completed and confirmed that the outcome of the checks are retained by the HR department.

A review of three staff induction records evidenced that they had received an induction lasting a minimum of three days, as required within the domiciliary care agencies regulations. There was evidence in two records viewed that adult safeguarding procedures were discussed as part of the induction. The deputy manager confirmed that the agency’s safeguarding procedures had been discussed with the third staff member during the induction process; the record had not been signed as there was a further component of safeguarding training to be completed.

Discussion with staff on the day of inspection provided assurances that the agency’s induction process provided them with the appropriate knowledge and skills to fulfil the requirements of the job role. The inspector advised that the induction template should be reviewed to provide evidence that newly appointed staff had reviewed service users’ care plans and risk assessments as appropriate, had shadowed experienced colleagues and that adult safeguarding procedures are included in the induction programme. An amended induction record template was forwarded to RQIA post inspection and was noted to be satisfactory.

Discussion with the deputy manager, staff and service users confirmed that a sufficient number of experienced persons were working in the agency to meet the assessed needs of service users. A review of a sample of the staff rota information and discussion with the deputy manager established that on occasions, staff work in the agency before and after attendance at a training event in another location. It was agreed with the deputy manager that the rota should

clearly reflect the times when staff are on duty within the agency and that this should be distinct from the time they are attending training.

The inspector reviewed the deputy manager's training plan; it provided evidenced that staff had received mandatory training and that arrangements were in place to identify and meet ongoing training updates as part of a rolling programme of training.

The inspector discussed with the deputy manager the updated mandatory training guidelines available on the RQIA website to ensure ongoing compliance with best practice standards. The inspector advised that the domiciliary care agency training guidelines requires staff to update their adult safeguarding training on a two yearly basis rather than every three years as currently required by the agency. Training records confirmed that the majority of staff had completed such update training within the previous two years. The deputy manager provided assurances that the remaining staff would receive a training update once available.

It was positive to note that the agency provided training in addition to the mandatory training; it included Knowledge and Understanding Framework for Personality Disorder training, Ligature training, Fraud Awareness, Management of Aggression and Rapid Tranquilisation. Staff consulted on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role.

The agency's governance arrangements in place for identifying, managing and where possible, eliminating unnecessary risk to service users' health, welfare and safety was assessed during the inspection. This indicated that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised record, which is then reviewed and audited by the registered manager, senior manager and the NHSCT governance department. A review of the records evidenced that there had been 21 incidents recorded since the previous inspection. Discussion with the registered manager and deputy manager and review of a sample of these records noted that the incidents have been managed appropriately.

Staff spoken with on the day of inspection provided feedback which evidenced that they had a good understanding of the management of risk and the importance of reporting any issues to the registered manager in a timely manner.

There were no adult safeguarding referrals to review since the last care inspection. Discussions with the deputy manager and staff confirmed that they had appropriate knowledge of how to address such matters if and when they are identified. Staff feedback further assured the inspector that they were aware of the need to report any adult safeguarding concerns in a timely manner and maintain safeguarding records in addition to supporting appropriate protection plans and/or investigations.

In addition, 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 agency's whistleblowing policy and were able to access it.

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

Service users' comments:

- "I am really happy here."

- “Staff are great.”

Staff comments:

- “Induction was very good.”
- “Training is very good; there is a focus on ensuring staff get necessary training.”

Visiting professionals’ comments:

- “Staff are always very professional.”
- “Service users have never raised any issues regarding the support they receive in the Pines.”

Of the six completed questionnaires which were returned to RQIA within the specified timescale for inclusion in this report, five respondents stated that they were ‘very satisfied’ when asked if they considered care to be safe; one respondent stated they were undecided. One respondent commented: “Staff always make an effort.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, knowledge and management of adult safeguarding concerns and risk management.

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

6.5 Is care effective?

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

The agency’s arrangements for responding appropriately to and meeting the assessed needs of service users were examined during the inspection. The full range and nature of this care provision is detailed in the agency’s Statement of Purpose, 2019.

The records viewed by the inspector on the day of inspection demonstrated that they were maintained in accordance with data protection requirements. The inspector chose three service users’ records at random to review. The deputy manager confirmed that the agency receives referral information and a care plan from the relevant referring HSCT professional. Review of service users’ records evidenced that upon moving in; the agency completes a new occupant risk assessment, a comprehensive risk assessment and a support plan in consultation with the service user.

Support plans were noted to be comprehensive, holistic and person centred; they clearly and concisely described service user’s needs and goals taking into account the service user’s human rights. It was positive to note that support plans were reviewed on a regular basis in conjunction with service users and promoted a focus on reviewing the progress of goals which service users aspired to achieve. There was evidence that service users signed documents to

confirm their consultation and agreement with the content. However, the inspector noted in two records viewed that the signatures of the staff member and service users were typed rather than hand written. This was discussed with the deputy manager and she agreed to address this.

It was positive to note from the records viewed that the agency had developed individual service users Personal Emergency Evacuation Plans (PEEP), however one of the records was noted to be overdue a review. The deputy manager agreed to action this and ensure other service users' PEEP's were reviewed within expected timescales. In addition, service users had received and signed a tenancy agreement and received details of any individual charges applicable to them.

The documentation reviewed on the day of inspection evidenced a transparency between the agency and service users regarding any assessed care and support needs, agreed goals and expectations.

The deputy manager described how service users were encouraged and supported to be fully involved in their HSCT care reviews; there was evidence that service users had access to an initial and annual care review.

Observations of practice on the day of inspection provided evidence that staff on duty were confident and effective when communicating with service users. It was noted that interactions between service users and staff were relaxed and spontaneous. Discussion with services users confirmed they were aware of who was in charge and that the management team operated an open door approach, which encouraged them to raise any issues as needed. Service users expressed their confidence in the agency's staff.

The Service User Guide provides information on the service users' right to advocacy and representation.

Discussions with the registered manager, deputy manager and staff described effective communication systems in use within the staff team to ensure that staff receive information relevant to the care and support of service users. Staff spoke positively about the effectiveness of handover meetings; the access to service users' care records and support from the multi-disciplinary team as required. Feedback from the deputy manager provided assurance that there are effective collaborative working relationships with key stakeholders, which is valued by staff. This included regular meetings with a member of the multi-disciplinary team to offer staff the opportunity to engage in reflective practice and explore appropriate strategies and interventions for supporting service users with a specific need.

The inspector noted that there had been five team meetings since the last inspection. It was noted that a team meeting was planned for the following week; staff were notified of this via information on the staff notice board and they were encouraged to include items for discussion on the agenda. A review of the minutes for the staff meeting held in October 2018 evidenced a quality improvement focus, with review of training needs and policies and an update on service users' needs. The inspector advised that minutes of the meetings should be improved to ensure that any action plans identified are clearly referenced, indicating who is responsible for specific actions and within what time frame to enable follow up of actions at subsequent meetings. The deputy manager agreed to action this.

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

Service users’ comments:

- “I could talk to staff if I had any worries.”
- “I get everything I need and then head out of the day, I have my independence.”

Staff comments:

- “We are kept up to date with everything in handovers.”
- “Communication within the staff team is so important, we have a good team.”

Visiting professionals’ comments:

- “Anytime I pass on my requests to staff for them (service users), staff always sort it out.”
- “Xxxx has thrived here, that is due to the good support of staff here.”
- “Staff communication is very good with myself when I visit and with the community team.”

Of the six completed questionnaires which were returned to RQIA within the specified timescale for inclusion in this report, five respondents stated that they were ‘very satisfied’ with the provision of effective care while one respondent stated they were undecided.

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 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.

Discussions with the deputy manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the organisation.

The deputy manager described how the staff were highly motivated to support the independence of service users and the development of new skills. Service users have access to occupational therapy support to develop an individually assessed activity plan. In addition, links are maintained with organisations such as New Horizon and the Men’s Shed. Several service users have also developed an interest in growing their own vegetables in their greenhouse. On the day of inspection, several service users were enjoying a visit from a reflexologist.

Observations of staff interactions with service users and discussions with staff during the inspection indicated that care and support was provided in an individualised manner. They described how they observe service users, noting any changes and proactively taking appropriate measures to promote/ensure the safety and wellbeing of the service user. They acknowledged that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

On the day of the inspection the inspector observed staff supporting service users to go out in the local area to attend appointments and go shopping.

The deputy manager advised that the agency facilitates regular service user meetings. The inspector noted that there had been five meetings since the last inspection. A review of the minutes of meetings held in July 2018, September 2018 and October 2018 evidenced that service users were asked for feedback with respect to their environment, outings and how best to address relationships issues with other service users. It was positive to note that service users expressed that they were happy with the recent refurbishment of their rooms, including new furniture and colour schemes which they had individually chosen.

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

Service users’ comments:

- “I do feel able to speak my mind to staff and they listen.”

Staff comments:

- “I have no concerns about the support tenants are getting in the service; we treat everyone as an individual and support them as best we can.”

Visiting professionals’ comments:

- “They (service users) all seem happy, they want for nothing.”
- “Xxxx has never raised any concerns about living here.”
- “It’s a good service, independence is promoted.”

Of the six completed questionnaires which were returned to RQIA within the specified timescale for inclusion in this report, five respondents stated that they were ‘very satisfied’ with the provision of compassionate care while one respondent stated they were undecided.

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 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 assessed needs of service users.

The agency is managed on a day to day basis by the registered manager with the support of a deputy manager and a consistent staff team comprised of senior support workers and support workers. There was a clear organisational structure and staff demonstrated awareness of their roles, responsibilities and accountability. The RQIA registration certificate was up to date and displayed appropriately.

The inspector advised that a number of minor amendments were made to the Statement of Purpose, Service user Guide and Staff Handbook. The inspector confirmed this was actioned following the inspection.

Discussions with the registered manager, deputy manager and staff on the day of inspection described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management. Staff demonstrated that they had knowledge of their role, function and responsibilities.

The inspector discussed the arrangements in place to ensure staff were registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate. Information regarding registration details and renewal dates are monitored by the deputy manager. In addition, the agency's governance department inform management when staff renewal dates for registration are due. The deputy manager advised that staff were aware that any lapse in their registration would result in them being unable to work within the agency until their registration was suitably updated. The deputy manager confirmed that all staff are currently registered.

Discussions with the deputy manager and staff confirmed that there were systems in place to monitor staff performance and ensure that staff received appropriate support and guidance. Staff spoken with during the inspection confirmed the availability of continuous update training alongside supervision and appraisal processes and an open door policy for discussions with the registered manager. Review of a sample of supervision and appraisal records verified that staff had regular individual supervision and an annual appraisal since the last inspection.

A complaints file was available within the agency to record the management of complaints; it was identified that there had been no complaints recorded since the last care inspection. Discussion with the deputy manager confirmed that a robust complaints management process was in place within the agency. In addition, the deputy manager was aware of the need to maintain records and monitor any areas of dissatisfaction, actions taken and outcomes.

The inspector was advised by the registered manager that staff had completed eLearning training with regards to the General Data Protection Regulation (GDPR), to ensure that they were aware of recent changes in this area of legislation.

The deputy manager confirmed that the agency has a range of policies and procedures in place to guide and inform staff; staff confirmed that they can access these online. In addition, staff advised that updates to policies is discussed during staff meetings and copies made available for review on the staff notice board.

The inspector discussed the monitoring arrangements as outlined in 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 from similar supported living services. The reports of monthly quality monitoring visits completed since the last inspection were available to be examined with the exception of December 2018. This report was provided to RQIA following the inspection. While a sample of reports examined evidenced that monthly monitoring was found to be in accordance with the regulations with regard to consultation with service users, relatives, staff members and professionals, some inconsistencies were evidenced in respect of other matters. The inspector highlighted that information recorded on the reports needed to be more detailed in relation to the completed audits 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.

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. The deputy manager confirmed that this was addressed with staff as part of their ongoing training, supervision and appraisal processes. In addition, the deputy manager advised that the majority of staff have completed equality and diversity training, with arrangements in place for the remaining staff to complete the training this year.

The inspector noted that the agency collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred support plan and risk assessment is developed.

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
- individualised risk assessment
- disability awareness

Discussion with service users, staff and visiting professionals evidenced that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- "No problems at all here."

Staff comments:

- "I feel I could raise any issues with management, they are approachable."

- “Managers are fantastic.”
- “We have a good team.”

Visiting professionals’ comments:

- “Staff are friendly and approachable.”
- “I love visiting the Pines.”
- “Staff are always very professional”.

Of the six completed questionnaires which were returned to RQIA within the specified timescale for inclusion in this report, five respondents stated that they were ‘very satisfied’ in response to the question “Do you feel your care is well led/managed?” One respondent stated they were undecided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff supervision and appraisal, quality improvement 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.

	Regulations	Standards
Total number of areas for improvement	1	0

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

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 23. (2)(3)</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>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: Quality monitoring reports will be forwarded to RQIA on a monthly basis until further advised by inspector.</p>
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Please ensure this document is completed in full and returned via Web Portal



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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