

Announced Care Inspection Report

13 March 2017



5 Lilburn Hall

Type of Service: Domiciliary Care Agency

Address: Avenue Road, Lurgan BT66 7TL

Tel No: 02838316521

Inspector: Joanne Faulkner

1.0 Summary

An announced inspection of 5 Lilburn Hall took place on 13 March 2017 from 10.00 to 14.30.

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

Is care safe?

Indicators of the delivery of safe care were evident on inspection. The agency has in place effective recruitment systems and endeavours to ensure that there is at all times an appropriate number of suitably skilled and experienced staff to meet the assessed needs of service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and on occasions collaborative working with Health and Social Care Trust (HSCT) representatives and relevant stakeholders. There are systems in place to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. Service users indicated that they felt care provided to them was safe. One area for improvement was identified during this inspection in relation to care planning.

Is care effective?

Indicators of the delivery of effective care were evident on inspection. It was identified that the agency responds appropriately to meet the needs of service users through the development and ongoing review of individualised care plans. The agency has implemented robust systems for review and monitoring of quality, providing ongoing assurance of continuous improvement of services in conjunction with service users and where appropriate, their representatives. There are systems in place to promote effective communication with service users and stakeholders. No areas for quality improvement were identified during this inspection.

Is care compassionate?

Delivery of compassionate care was evident on inspection. The inspector found that an ethos of dignity and respect and independence was embedded throughout staff attitudes and in the provision of individualised care and support. Observations made and discussion with staff and service users indicated that agency staff value and respect the views of service users. Service users stated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a more fulfilling life. No areas for quality improvement were identified during this inspection.

Is the service well led?

Indicators of the delivery of a well led service were evident on inspection. There are management and governance systems in place to meet the individual assessed needs of service users. Agency staff indicated that they have an understanding of their roles and responsibilities within the management structure. There is evidence that the registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. No areas for quality improvement were identified during this inspection.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 14 October 2015.

2.0 Service details

Registered organisation/registered person: Southern HSC Trust/Francis Rice	Registered manager: See Box Below
Person in charge of the service at the time of inspection: Senior support worker	Date manager registered: Olive Hughes - application received - "registration pending".

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during and following the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Training and Development Policy
- E Learning Policy
- Incident Policy
- Recruitment Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Disciplinary Policy
- Whistleblowing Policy
- Data Protection Policy
- Complaints Procedure
- Operational Procedures
- Staff Handbook
- Statement of Purpose
- Service User Guide

During the inspection the inspector met with one service user, the person in charge and two staff members.

Questionnaires were distributed by the inspector for completion by staff and service users during the inspection; no questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

4.0 The inspection

Lilburn Hall is a supported living type domiciliary care agency which provides care and support to service users with a learning disability who live in two locations in Lilburn Hall, Lurgan. The Southern Health and Social Care Trust (SHSCT) provide the staff that deliver the care and support to service users. The service users have individual rooms and a range of shared facilities and are supported to be involved in all decisions associated with their care.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall aim of supporting service users to live as independantly as possible and maximising quality of life.

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

4.2 Review of requirements and recommendations from the last care inspection dated 14 October 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (d) Stated: First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.	Met
	Action taken as confirmed during the inspection: The inspector identified that staff pre-employment checks are processed by Business Services Organisation (BSO); the inspector viewed the agency's staff profiles maintained by the agency.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 13.3 Stated: First time	Staff have recorded formal supervision meetings in accordance with the procedures.	Met
	Action taken as confirmed during the inspection: The inspector viewed records of staff supervision and noted that they had been provided in accordance with the timescales detailed within the agency's policy and procedures.	
Recommendation 2 Ref: Standard 13.1 Stated: First time	Managers and supervisory staff are trained in supervision and performance appraisal.	Met
	Action taken as confirmed during the inspection: The inspector noted from records viewed that managers and supervisory staff had received appraisal training in October 2016.	

4.2 Is care safe?

During the inspection the inspector reviewed the staffing arrangements in place within the agency.

It was noted that the agency's recruitment policy outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment; the inspector noted that staff recruitment is now being processed by BSO on behalf of the Health and Social Care Trust (HSCT). The person in charge could describe the procedure for ensuring that staff are not provided for work until all checks have been satisfactorily completed; they stated that outcome of the checks completed is retained by the HSCT Human Resources Department.

The person in charge stated that staff are required to be registered with Northern Ireland Social Care Council; it was noted that one staff is currently in the process of registering and that all other staff are registered.

The agency's training and development policy outlines the induction programme lasting at least three days which is in accordance with the regulations; it was noted from records viewed and discussions with the person in charge that all staff are required to complete a corporate induction programme which includes an induction workbook and in addition required mandatory training.

It was identified from discussions with staff that relief staff are accessed from the HSCT bank list and are required to complete the induction provided to all HSCT staff; the person in charge stated that relief staff are not accessed from another domiciliary care agency.

It was noted that the agency maintains a record of the induction programme provided to staff; documentation viewed by the inspector outlined the information provided during the induction period. The inspector viewed a number of staff induction checklists. Staff who spoke to the inspector stated that they felt they had the knowledge and skills to fulfil the requirements of their individual job roles. Staff could describe the format of their induction programme which was noted to have included shadowing other staff members, meeting service users and becoming familiar with their individual care needs.

The inspector viewed an alphabetical index of staff currently supplied by the agency and noted that it detailed their job role and hours worked. Discussions with the person in charge indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The agency's staff rota information reflected staffing levels as described by staff.

The agency's supervision and appraisal policies outline the timescales and procedures to be followed. It was noted from information provided both during and following the inspection that the agency maintains a record of individual staff supervision; group supervision and appraisal; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector could describe the benefits of supervision and appraisal meetings.

The agency has a system in place for recording staff training; staff could describe the process for identifying gaps in training and ensuring that required training is completed. The inspector noted that staff are required to complete relevant mandatory training and in addition training specific to the needs of individual service users. The inspector viewed that agency's staff training matrix and noted that the agency maintains an individual training record for each staff member. The person in charge stated that they monitor the training and inform staff when training updates are required.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. It was identified that the agency has in place a policy relating to the safeguarding of vulnerable adults. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation is currently in the process of reviewing their policy and procedures to reflect information contained within the policy.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the person in charge and records viewed it was identified that the agency maintains a record of referrals made to the HSCT safeguarding team in relation to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency acts in accordance with their policies and procedures when managing allegations of abuse.

Staff demonstrated that they had an understanding of safeguarding issues and the procedure for raising concerns. The inspector noted from training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition a two yearly update. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults; it was identified that a number of staff were booked to attend training updates within the next month. Staff had knowledge of the agency's whistleblowing policy.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The inspector noted that the agency's operational procedures detailed the process for engaging service users in the completion of risk assessments and care plans. Staff stated that care plans are reviewed annually; however from records viewed it was identified that a number of the care plans did not clearly record the date the care plan had been reviewed and updated. It was noted that service users have an annual review involving their HSCT community keyworker. The inspector viewed a number of risk assessments in place relating to individual service users; it was identified that the monthly governance arrangements include an audit of risk assessments and any practices deemed to be restrictive.

The agency's registered premises are located within the home of the service users and is accessed by the same entrance; the premises are suitable for the operation of the agency as described in the Statement of Purpose.

Service user comments

- 'I am happy with everything.'
- 'If I am worried I speak to *****.'
- 'Staff are good.'

Staff comments

- 'I get supervision; it is worthwhile.'
- 'I love working here.'
- 'I feel service users are safe.'
- 'The seniors discuss your training with you.'
- 'I got induction; I shadowed other staff.'
- 'We have enough staff; but you could always do with more to be able to do more activities with the service users.'

Areas for improvement

One area for improvement was identified during the inspection in relation to the service users care plan.

Number of requirements	0	Number of recommendations	1
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4.3 Is care effective?

The agency's arrangements for appropriately responding to and meeting the assessed 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 agency's data protection policy outlines the procedures for the creation, storage, retention and disposal of records. The inspector noted from records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

Service users who met with the inspector indicated that that they are encouraged and supported to be involved in the development of their individual care plans. During the inspection the inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided. The agency facilitates an annual review for service users involving the relevant HSCT community keyworkers.

Discussions with staff and records viewed indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users on a monthly basis. The inspector identified that monthly quality monitoring visits are completed by the HSCT monitoring officer and a detailed action plan developed. Records viewed provide evidence of a robust quality monitoring system and were noted to include comments made by service users, and where appropriate their representatives. The records include details of the review of accidents, incidents or safeguarding concerns and in addition audits of staffing, documentation and financial management arrangements are completed. The inspector noted that the process includes a review of any practices which may be deemed as restrictive; it was positive to note that a restriction previously implemented has been assessed as not being required.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and staff, and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users could describe the process for reporting issues or complaints and stated that they can speak to any of the staff members at any time.

The agency facilitates fortnightly service user meetings; service users indicated that they are supported and encouraged to attend and provided with the opportunity to express their views, preferences and opinions. It was noted from a number of records viewed that service users have signed the minutes of the meetings attended.

Staff could describe a range of ways in which the agency seeks to maintain effective working relationships with the other HSCT representatives and stakeholders.

Service users' comments

- 'Staff help me go shopping; I can choose what I want.'
- 'I like it here; I cook my own food.'

Staff comments

- 'We have a strong team; we are supportive.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care, support and life choices.

Discussions with service users and 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 could describe how they support service users to take positive risks to enable them to live a more fulfilling life and to encourage them to be more independent. It was noted from records viewed of a recent staff meeting that the agency provided information for staff in relation to human rights and confidentiality.

Discussion with service users and observations of staff interactions with service users during the inspection indicated that care is provided in an individualised manner. Care plans viewed were noted to be completed in a person centred format; service users who spoke to the inspector stated that they are supported to be involved in making decisions regarding the care and support they receive. Records of service user meetings reflected the involvement of service users and were noted to record comments made by service users. The inspector identified that the agency provides a range of documentation in an easy read format to assist service users in having a clearer understanding of the information provided.

The inspector noted that comments made by service users and/or their representatives were recorded throughout a range of the agency's documentation. Processes to engage and respond to the comments and views of service users and where appropriate representatives are maintained through the complaints and compliments processes; monthly quality monitoring visits; annual review meetings; annual stakeholder and service user satisfaction surveys and tenants meetings. The agency's quality monitoring system assists them in evaluating the quality of the service provided and identifying areas for improvement.

Discussions with staff and service users and observations made during the inspection indicated that service users are supported to make choices regarding their daily routine and activities; service users who spoke to the inspector stated that staff respect their views and choices.

Service users' comments

- 'Staff talk to me.'

Staff comments

- 'Service users have choice; they can do what they want.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has in place a range of policies and procedures as outline within the minimum standards; it was noted that they are retained in a paper format and stored in the agency's office. Staff could describe the procedure for accessing relevant policies and procedures. A number of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales details within the minimum standards.

Discussions with the person in charge and records viewed indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The inspector viewed that agency's complaints policy and noted that it clearly outlines the procedure for managing complaints; discussions with staff indicated that they have an understanding of the actions to be taken in the event of a complaint being received. Service users could describe the process for making a complaint and for raising concerns; it was noted that the agency provides service users with details of the process for making a complaint in an easy read guide. The inspector noted from records viewed that the agency has received no complaints since the previous inspection.

It was noted that the agency has in place management and governance systems to drive quality improvement; these include arrangements for monitoring incidents, accidents and complaints. During the inspection process the inspector viewed evidence of appropriate staff induction, training, supervision and appraisal. Staff could describe the importance of identifying areas for improving the quality of the service.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff could describe the responsibilities and requirements of their individual job roles; service users were aware of staff roles and knew who to talk to if they had a concern. Staff stated that the manager and deputy manager are approachable and could describe the process for obtaining guidance and support at any time.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of

Purpose and Service User Guide are currently being reviewed and updated to reflect accurate details of the registered person.

Staff comments

- 'The seniors are approachable; I feel supported in my role.'

Areas for improvement

No areas for improvement were identified during the inspection.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with person in charge as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 domiciliary care 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 5.6

Stated: First time

To be completed by:
From the date of inspection.

The registered person should ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry.

This relates specifically to the service users individual care plans.

Response by registered provider detailing the actions taken:

The registered person will ensure that all records are legible, accurate, up to date, signed and dated by the person making the entry.



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