



The Regulation and
Quality Improvement
Authority

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BT66 7TL

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**Unannounced Care Inspection
of
5 Lilburn Hall**

14 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 14 October 2015 from 09.15 to 16.15. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

The details of the QIP within this report were discussed with Marian Mc Guigan, assistant manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Southern HSC Trust/Mrs Paula Mary Clarke.	Registered Manager: Olive Hughes (Acting)
Person in Charge of the Agency at the Time of Inspection: Senior Support Worker.	Date Manager Registered: Acting arrangement approved on 1 July 2015
Number of Service Users in Receipt of a Service on the Day of Inspection: 6	

5 Lilburn Hall is a supported living type domiciliary care agency which provides care and support to six service users with a learning disability who live within two separate addresses in Lilburn Hall, Lurgan. The service users are consulted and involved in all decisions associated with their support. They are supported by ten staff to develop independent living skills and to be involved in the local community.

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

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and themes have been met:

Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - Service users are involved in the care they receive

4. Methods/Process

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

Prior to inspection the following records were analysed:

- The report of the previous inspection and the quality improvement plan
- Notifiable events forms submitted by the agency since the previous inspection

During the inspection the inspector met with three service users, four care staff and one service user's representative.

The inspector distributed questionnaires to staff and service users during the inspection and five of these were returned to RQIA by service users and two by agency staff. During the inspection, agency staff were asked to compile a list of professionals and other service user representatives who would be agreeable to being contacted by RQIA for the purposes of obtaining their views on the quality of service provision.

The completed staff questionnaires indicated the following:

- Service users' views are taken into account in the way the service is delivered.
- Staff are satisfied that the care is delivered in a person centred manner.
- Staff are satisfied that they are familiar with service users' care needs.
- Staff are satisfied that the agency's induction process prepared them for their role.
- Staff are satisfied that arrangements for service user involvement are effective.

However three returned questionnaires indicated that one staff member and two service users was not satisfied there was enough staff available to respond to the service users' needs. The staffing levels were discussed with the assistant manager during the inspection; she informed the inspector there were four support staff vacancies at present and this was being addressed by the human resources department. The assistant manager informed the inspector one new member of staff was due to commence employment the week following the inspection. RQIA will continue to monitor staffing at the agency.

The inspector spoke to one HSC Trust professional and one service users' relative following the inspection visit. The HSC Trust professional informed the inspector the agency staff worked closely with them to prepare and support the service users' for their review meetings. The HSC Trust professional informed the inspector they had found the staff very helpful and professional at all times. The service users' relatives informed the inspector their relatives were supported by staff to participate in a number of activities. They also informed the

inspector that they were regularly updated by staff and made aware of any change in service users' needs. They are invited to attend regular review meetings and are very happy with the agency. However the relative informed the inspector that the menu choice did not provide enough fresh fruit and vegetables due to the availability of staff to shop frequently. The relative also informed the inspector the current staffing levels made it difficult for the service users to plan outings at short notice and go on holiday. The assistant manager was informed of these concerns during the inspection. Following these discussions the assistant manager agreed to review the menus and the arrangements to facilitate outings.

Service user questionnaires completed by the five service users indicated the following:

- Service users are satisfied with the care and support they receive.
- Service users feel safe and staff respond to their needs.

However one service user was not satisfied their views and opinions were sought about the quality of the service. During the inspection the inspector viewed records of tenants meeting and monthly monitoring reports which contained evidence of service users' involvement and discussions relating to the quality of the service.

The following records were examined during the inspection:

- Alphabetical index of staff
- Induction records
- Minutes of tenants meetings
- Staff training records
- Care records
- Whistleblowing policy
- Five staffs supervision and appraisal schedule
- Record of complaints
- Three tenants' care and support plans

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 22 May 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 14.(b)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>This requirement relates to the registered person ensuring that the review documentation in place is signed by those participating in the review.</p>	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed a variety of records relating to service users' care and support needs, signatures of service users' representatives were not evident in all records examined. The assistant manager informed the inspector the agency had been in contact with the HSC Trust to arrange dates for review meetings for those service users' who did not have up to date annual review meetings and that the review documentation held by the agency would be signed by those participating.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 23.- (1)(5)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the views of service user relatives/representatives are obtained and recorded on the agency's monthly quality monitoring form.</p> <p>During the inspection, the inspector issued an urgent action notice, requested that the agency forward copies of the monthly quality monitoring record to RQIA until further notice.</p>	Met

	<p>Action taken as confirmed during the inspection: The inspector examined the monthly monitoring report for June, July, August and September 2015 and the each contained the views of service users' relatives/representatives.</p>	
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5.3 Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency's Recruitment and Selection Policy was examined following the inspection. The policy refers to a range of employment checks including references, verification of qualifications/professional registration and disclosure sought through Access NI. The inspector was informed these checks were performed by the human resource department who then confirmed with the agency the person was ready to commence work for the agency. The records of these checks were not available on the day of inspection and the assistant manager requested evidence of these checks from the human resource department during the inspection. However these records were not made available during the inspection, therefore a requirement has been made.

The agency maintains an alphabetical list of staff supplied or available for supply to work in the homes of service users and this was available for inspection and was up to date.

The inspector was advised that staff are not supplied to work with service users at short notice and that all staff supplied are Lilburn Hall employees. All of the staff supplied to work with service users has a copy of their photographic identification documents maintained at the agency premises. The staff who participated in the inspection informed the inspector if the agency required staff a short notice confirmation of their identity would be forwarded to the agency and their performance would be recorded and reported to the registered manager following their shift.

The induction information included an induction checklist which outlined the areas to be covered on the first day and during the first week. A member of staff who contributed to the inspection advised the inspector that the induction programme had been very thorough and prepared them for their role. The induction programme includes a tour of the accommodation, outline of supported living, operational procedures, referral process, outline of the service users and supervision and appraisal information.

The inspector examined the induction records of the three staff members and these had been signed by the staff member and their line manager. The induction records provided evidence of a structured induction period and the identification of training needs.

The agency's staff supervision and appraisal arrangements were discussed with agency staff who reported they did not receive regular one to one supervision. The agency policy states that supervision should normally happen every eight weeks. Appraisal is also covered in the policy and each employee is to receive appraisal every 12 months. The appraisal records of five staff were examined by the inspector and these records indicated staff received annual appraisals. The inspector was informed by the assistant manager that staff are required to receive supervision a minimum of once every three months. The inspector viewed the records

for five staff members indicating how frequently they had received supervision. These records indicated the staff had not received supervision in accordance with the policy or every three months as stated by the agency staff. The inspector was informed that one staff member involved in supervision and appraisal had not been trained in supervision and performance appraisal.

The inspector viewed the templates used during staff supervision sessions and these referenced KSF elements, evaluation of training attended and any issues relating to concerns about poor practice/whistleblowing.

A requirement has been made with regards the agency not having available the information in relation to the fitness of domiciliary care workers supplied by the agency.

Recommendations have been made with regarding the frequency of staff supervision and the provision of training in supervision and performance appraisal for those staff responsible for conducting supervision/appraisal.

Is Care Effective?

The staffing levels in the service were discussed with service users and agency staff who advised the inspector that there was not always enough staff on duty to meet the needs of service users. They stated the number of staff available impacted on the service users' choices, but the service users' assessed needs were met. The assistant manager informed the inspector there were four staff vacancies which were being addressed, one new member of staff was due to start the week following the inspection. The assistant manager informed the inspector that service users had been informed the agency were currently not able to provide staff for service users to go on holiday.

The agency's staff duty rotas were examined and reflected the staffing described by service users and staff i.e. one staff member is supplied during the day time and two members of staff are available to respond to the needs of service users at night (one sleep in at each property). Staffing levels are higher on days when service users require individual support to attend hospital appointments.

Two of the five service users who returned questionnaires indicated that they were not completely satisfied that staffing levels are appropriate at all times to meet their needs. The records of tenants' meetings evidenced one service user made repeated requests for holiday information before this was actioned. The family of one service user stated their relative would like to go on more outings, which was not possible due to staffing levels and that meals were frequently convenience food not fresh produce due to the staff not being available to shop frequently for fresh produce. These comments were discussed with the assistant manager during the inspection who agreed discuss these issues with staff and identify how they may address these issues.

The HSC Trust professional who contributed to the inspection described agency staff as helpful and approachable. They also commented on the ability of agency staff to effectively meet the needs of service users and to appropriately refer to the HSC Trust any changes in circumstances.

Agency records confirmed that staff receive a structured induction lasting at least three days and the inspector was advised that agency does not use staff supplied by other agencies to address staff shortfalls; these shifts are covered by Lilburn staff.

The inspector was advised that the effectiveness of the induction training is evaluated throughout the induction period and during supervision. The agency's induction records contained evidence of the assessment of competency and understanding of key induction areas including adult safeguarding and health and safety.

The agency's Whistleblowing policy was discussed with staff who described their awareness of the policy and of the role of RQIA in raising concerns about poor practice.

The agency's training records were examined and provided evidence of training provided in the mandatory areas in accordance with the frequency outlined in RQIA's "Guidance on Mandatory Training for Providers of Care in Regulated Services."

Is Care Compassionate?

Staffing arrangements were discussed with service users who confirmed that they are made aware of any staffing changes and that they know in advance who is going to be supplied to work with them.

Specific comments made by service users in relation to staffing were noted in the monthly quality monitoring reports and these reflected good working relationships between agency staff and service users. However one service user questionnaire indicated the service user was not satisfied their opinions and views were sought.

The agency maintains records of tenants' meetings held weekly and these included evidence of service user engagement and of policies being shared with service users. The agency's staff levels were discussed and the impact this had on their ability to provide staff for holidays and day trips were also noted to have been discussed in detail and the views of service users noted.

Areas for Improvement

There were four areas for improvement noted in relation to

- Staff receiving supervision in accordance with agency policy
- Managers and staff being trained in supervision and performance appraisal
- Evidence of the fitness of domiciliary care workers

Number of Requirements:	1	Number of Recommendations:	2
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5.4 Theme 2: Service User Involvement - Service users are involved in the care they receive

Is Care Safe?

The agency has care and support plans which include information from referral agents. The referral information seeks specific assessment information from the prospective service users. The information sought relates to the assessment of needs and risks from the service users' perspective.

Four of the five service users who returned a questionnaire to RQIA indicated that they are satisfied that their views and opinions are sought about the quality of the service and that staff respond appropriately to their needs. Overall, service users indicated that they were satisfied with the care and support received from agency staff.

Service users who met with the inspector advised that they each have a key worker and can approach any member of staff in relation to their care and support.

Service users' care records were examined and reflected a range of outcomes for service users including more independence and positive risk taking.

Is Care Effective?

Service users have regular meetings with their key workers and agency staff update service users' records on a daily basis to reflect their progress and preferences with regard to their care and support plans.

The care records examined had been written in a person centred manner and reflected the preferences and choices of the service users. Human rights information has been included within the service users' care/support plans and the inspector was advised that staff reinforce this during key worker sessions.

The inspector was advised that service users are reviewed by the HSC Trust at least annually and that agency staff prepare a report for the review meeting and support the service users to contribute to the report and to their meeting. The agency staff who contributed to the inspection confirmed they contribute to the service users' reviews and that staff proactively seek the views of the Trust as appropriate. However, the inspector viewed three service users' records which indicated their reviews had not been completed for the current year. The agency staff informed the inspector they had been in touch with the HSC Trust to highlight this. The inspector was unable to confirm that review records were signed by those participating in review meetings, as review meeting records for the current year had not been completed. However the inspector viewed a number of service users' records and these contained evidence of HSC Trust staff signatures and also signatures of service users' representatives. The assistant manager was informed during the inspection that a number of records examined did not contain the relevant signatures. The assistant manager informed the inspector this would be discussed with staff and the HSC Trust.

Is Care Compassionate?

Service users who met with the inspector confirmed that they had been fully involved in the development of their care and support plans and that staff shortages had impacted on the ability to be flexible, but the staff were responsive to changing needs or preferences. Staff and service users both informed the inspector that staff attempt to access additional staff to respond to requests made by service users.

The inspector observed agency staff interacting with service users in a friendly and supportive manner and staff who participated in the inspection demonstrated their knowledge of the service user's needs and preferences.

Areas for Improvement

N/A

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

5.3.1 Complaints

The agency returned to RQIA a summary of all complaints received between 1 January 2014 and 31 March 2015. The agency had not received any complaints during this period.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Marian Mc Guigan, the assistant manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 13 (d) Stated: First time To be Completed by: Immediate from the date of inspection	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.		
	Response by Registered Person(s) Detailing the Actions Taken: Staffs employment checks that are carried out by BSO are now available in the facility		
Recommendations			
Recommendation 1 Ref: Standard 13.3 Stated: First time To be Completed by: Immediate from the date of inspection.	Staff have recorded formal supervision meetings in accordance with the procedures.		
	Response by Registered Person(s) Detailing the Actions Taken: Staff will follow the current trust supervision policy However this supervision policy is being reviewed		
Recommendation 2 Ref: Standard 13.1 Stated: First time To be Completed by: 14 January 2016	Managers and supervisory staff are trained in supervision and performance appraisal.		
	Response by Registered Person(s) Detailing the Actions Taken: Managers and all supervisory staff are/will be trained in supervision and performance training		
Registered Manager Completing QIP	Olive Hughes	Date Completed	04/12/2015
Registered Person Approving QIP	Francis Rice	Date Approved	09/12/2015
RQIA Inspector Assessing Response	Lorraine O'Donnell	Date Approved	15/12/2015

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address