

Announced Care Inspection Report 19 January 2018



5 Lilburn Hall

Type of Service: Domiciliary Care Agency

Address: Avenue Road, Lurgan BT66 7TL

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Inspector: Joanne Faulkner

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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

5 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 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 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 independently as possible and maximising quality of life.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust/Francis Rice	Registered Manager: Olive Hughes
Person in charge at the time of inspection: Deputy Manager	Date manager registered: 26/04/2017

4.0 Inspection summary

An unannounced inspection took place on 19 January 2018 from 10.00 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 assessed progress with any areas for improvement identified during and since the last care inspection and to determine 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 induction, supervision and appraisal; communication with service users and other relevant stakeholders and the agency's quality monitoring processes. No areas for improvement were identified.

Comments made by service users are included within 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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 13 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 March 2017.

5.0 How we inspect

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

- Discussion with the deputy manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

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

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

During the inspection the inspector met with the deputy manager, a senior support worker, three service users and two staff members.

The following records were viewed prior to and during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Service user meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide

Prior to and during the inspection the inspector viewed a number of the agency's policies and procedures; those viewed were noted to be in accordance with regulations, legislation and minimum standards.

At the request of the inspector, the person in charge was asked to display a poster within the agency's registered premises. The poster invited staff to provide feedback to RQIA regarding the quality of service provision via an electronic means; no responses were received.

Questionnaires were provided for service users; six questionnaires were received prior to the issuing of this report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

The inspector would like to thank the person in charge, staff and service users for their support and co-operation during the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 March 2017

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 13 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for Improvement 1 Ref: Standard 5.6 Stated: First time	The registered person should ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry.	Met
	This relates specifically to the service users individual care plans.	
	Action taken as confirmed during the inspection: The inspector noted from care plans viewed that records were legible, accurate, up to date, signed and dated by the person making the entry.	

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 inspection reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The agency's recruitment policy details the process for completion of staff pre-employment checks prior to commencement of employment. The agency's recruitment process is managed by the organisation's HR department. The person in charge could describe the process for receiving confirmation that pre-employment checks have been satisfactorily completed and that staff are ready for induction. Discussions with the person in charge indicated that the organisation's recruitment systems are effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed.

The agency's induction programme is noted to be in accordance with the timescale as required within the domiciliary care agencies regulations. The person in charge stated that staff are required to complete corporate induction during the initial induction period, a range of mandatory training and to shadow other staff employed by the agency; it was identified that the agency's corporate induction will now be completed electronically.

The agency retains a record of the induction provided to staff; the inspector viewed the induction records for three staff employed by the agency. Discussions with the person in charge and staff and observations made during the inspection indicated that staff had the required knowledge and skills to fulfil the requirements of their job.

The person in charge stated that relief staff are not accessed from another domiciliary care agency; relief cover is provided by the agency's regular staff or staff who had previously been employed by the agency on a permanent basis.

Staff stated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the needs of the service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge. It was noted that levels of staffing can fluctuate due to the needs of the service users.

The agency's staff operational procedures outline the timescales and procedures for staff supervision and appraisal. It was identified that the agency aims to provide staff with quarterly supervision and annual appraisal. From records viewed the inspector noted that staff are provided with a supervision contract and a record of supervision and appraisal is retained. Records viewed by the inspector indicated that staff had received supervision and appraisal in accordance with the agency's policies and procedures.

The inspector viewed the agency's record of staff training; those viewed indicated that a number of staff required to have updated fire awareness training; following the inspection the deputy manager provided details of planned dates for training.

Staff are required to complete corporate induction, a range of mandatory training and in addition training specific to the needs of individual service users. The person in charge could describe the process for identifying the training needs of staff and for ensuring that required training updates are completed.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The agency's policy and procedures have been updated to reflect information contained in the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The policy outlines the responsibilities of the Adult Safeguarding Champion (ASC) and the procedure for staff in relation to reporting concerns.

The agency maintains a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Documentation viewed and discussions with the person in charge indicated that the agency has acted in accordance with the current procedures in relation to adult protection matters identified. The agency has a proforma to record the details of the outcome of any investigation completed.

Staff are required to complete safeguarding vulnerable adults training during their induction programme and a two yearly update; records viewed indicated that staff had received training in accordance with the agency's policy. Staff who spoke to the inspector demonstrated that they had a clear understanding of adult safeguarding matters and the process for reporting concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. It was noted from records viewed that the agency receives a range of relevant assessments and information relating to individual service users prior to them receiving care. There are risk assessments in place relating to individual service users.

Staff could describe how they support individual service users to be involved in the development and review of their care plans; it was noted that staff record daily the care and support provided to service users. Service users are supported to participate in an annual review involving their HSCT keyworker and care plans are reviewed and updated annually or as required.

The agency's registered office are located on the first floor of the home of a number of the service users and accessed from a shared entrance; the office is suitable for the operation of the agency as described in the Statement of Purpose.

Six service user questionnaires were returned to RQIA; they indicated that service users were satisfied that care was safe.

Comments received during inspection.

Service user comments

- 'I like it here; I talk to the staff.'
- 'The think the staff are good; they help me.'
- 'I feel safe.'
- 'I like it; I am going to mummy's house today.'
- 'I go to the tech; I like it.'

Staff comments

- ‘Supported living is a good concept; it is good for the tenants.’
- ‘Staff go the extra mile; always looking out for the service users.’
- ‘I get supervision; I feel supported.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s staff induction, supervision, appraisal, and adult protection.

Areas for improvement

No areas for improvement were identified 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.

During the inspection the agency’s arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed. Details of the nature and range of services provided were outlined within the Statement of Purpose and Service User Guide.

The agency’s data protection policy outlines the process for the creation, storage and retention of records. Records viewed by the inspector during the inspection was noted to be maintained in accordance with legislation, standards and the organisational policy. Electronic and paper records retained in the agency’s office were noted to be organised and held securely; records relating to staff training and supervision were noted to be maintained in a secure and organised manner.

Service users could describe how staff support them to be involved in the development of their care plans; a copy of their care plan is stored in their home. The agency encourages service users sign the care plan to indicate that they have agreed to the care and support to be provided. It was noted that the service user guide has been provided in an easy read format.

The inspector reviewed the agency’s arrangements to monitor, audit and review the effectiveness and quality of care provided to service users. The agency’s system for monitoring the quality of the service on a monthly basis was noted to include an audit being completed by the HSCT’s quality monitoring officer. Records viewed indicated that the process seeks to obtain feedback from service users, relatives and relevant stakeholders in relation to the quality of the service provided.

Records of monthly quality monitoring visits viewed during and following the inspection were noted to include details of the review of the agency’s systems and an action plan. The documentation includes details of the review of complaints, compliments, staffing arrangements,

accidents, incidents or safeguarding referrals, practices deemed to be restrictive and medication.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Discussions with the person in charge, staff and service users and observation of staff and service user interactions indicated that staff communicate appropriately with service users and provide care and support in a respectful manner.

Staff indicated that they had a good understanding of the individual needs of service users; they could describe the processes used to support service users to remain as independent as possible and to live a fulfilling life. Staff could describe skills required to effectively communicate with individual service users.

The agency aims to facilitate bi-monthly staff meetings; records viewed indicated that a range of standard items are discussed at each meeting including staff training, policies and procedures, staffing arrangements and service user issues. Weekly service user meetings are held and service users indicated that they are supported to attend and encouraged to express their views; records of issues discussed were noted to include the views and comments of service users.

Discussions with the person in charge and staff demonstrated that they endeavour to develop and maintain effective working relationships with the other HSCT representatives and relevant stakeholders. The inspector viewed evidence of engagement between the agency's staff and HSCT community keyworkers.

Six service user questionnaires were returned to RQIA; they indicated that service users were satisfied that care was effective.

Comments received during inspection.

Service user comments

- 'I go to the gateway; I really like it.'
- 'Staff help me clean my room; I like watching TV.'
- 'I go on holidays; mummy and daddy pay.'
- 'I like going on the aeroplane.'
- 'I have no problems; I speak to the staff if I am worried.'
- 'Staff help me make food.'

Staff comments

- 'Staff work well together; I love working here.'
- 'The service users have a good social life; they go to the cinema, theatre, horse riding and the tech.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's record keeping, auditing arrangements and communication with service users and relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector reviewed the agency's ability to treat service users with dignity, respect and compassion and to engage service users in decisions affecting the care and support they receive.

Staff could describe the ways they support service users to be involved in making informed choices and how they endeavour to respect their views and wishes. The inspector noted from discussions with the person in charge, service users and staff that staff provide care and support that ensures values such as choice, dignity and respect are promoted. Staff who spoke to the inspector indicated that they had a good understanding of the needs of individual service users and methods required to ensure effective communication.

The agency had a range of systems in place to promote effective engagement with service users and where appropriate their representatives. The systems include the agency's monthly quality monitoring process; compliments and complaints process; annual care review meetings and weekly tenant's meetings. The agency's monthly quality monitoring process assists in the evaluation of the quality of the service provided.

The agency has processes in place to record comments made by service users and where appropriate their representatives. Records of service user care review meetings, weekly service user meetings, monitoring visits and quality monitoring reports viewed by the inspector provided evidence that the agency strives to engage with service users and a range of stakeholders in relation to the quality of the service provided.

Service users who met with the inspector indicated that they are supported to make decisions about their care and any activities they want to participate in. The inspector observed staff supporting a number of service users to make choices in relation to the care and support they receive. The agency has provided a range of information in an alternative format to support service users in understanding the information being provided.

Six service user questionnaires were returned to RQIA; they indicated that service users were satisfied that care was compassionate.

Comments received during inspection.

Service user comments

- 'I can choose what I want.'

- ‘I go shopping; I can get what I want.’

Staff comments

- ‘The service users have choice.’
- ‘I would put my family here; it is the best of the best.’
- ‘The service users are like my extended family.’

Areas of good practice

There were examples of good practice identified in relation to the agency’s processes for engaging and communicating with service users and providing care in an individualised manner.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The agency has systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The agency is managed on a day to day basis by a team of senior support workers supported by the registered manager and a deputy. Staff could describe the process for obtaining support and guidance if required.

The agency policies and procedures noted to be in accordance with those as required within the minimum standards are retained in an electronic format; the person in charge stated that a number of key policies are retained in a paper format. During the inspection the inspector viewed a number of the organisation’s policies.

The inspector reviewed the agency’s systems for auditing and reviewing information with the aim of promoting safety and improving the quality of service provided. Records viewed and discussions with staff indicated that the agency’s governance arrangements promote the identification and management of risk; these include provision of required policies, monthly audit of complaints, accidents, adult protection referrals, incidents notifiable to RQIA and any practices that may be deemed as restrictive.

The agency’s complaints policy outlines the process for effectively managing complaints; discussions with staff indicated that they had knowledge of the actions required in the event of a complaint being received. Staff receive information relating to the management of complaints during their induction programme; the agency provides service users with information relating to the complaints process in an easy read format.

The agency retains a record of all complaints or compliments received. It was noted from discussions with staff and records viewed that the agency has received no complaints since the previous inspection. Staff who spoke to the inspector could describe the process for managing complaints received.

It was identified from records viewed and discussions with the person in charge that the agency has in place systems to monitor quality and encourage improvement; these include systems for the monthly review of accidents, incidents, safeguarding referrals and complaints by the person completing the quality monitoring visit. During the inspection the inspector viewed evidence of appropriate staff induction, supervision and appraisal.

The organisational and management structure of the agency is outlined in the agency's Statement of Purpose. Staff indicated that they had an understanding of their job roles and responsibilities; it was identified that they are provided with a job description at the commencement of employment. Staff could describe the process for raising concerns and had knowledge of the agency's whistleblowing policy.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives.

Staff provided are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body; details of individual staff member's registration and a copy of their individual registration certificate is retained by the agency and monitored by the registered manager. Discussions with the person in charge provided assurances that the organisation has a process for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered. Records relating to staff registration were noted to be up to date and retained in an organised manner.

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 were noted to have been reviewed and updated.

Six service user questionnaires were returned to RQIA; they indicated that service users were satisfied that the agency is well led.

Comments received during inspection.

Staff comments

- 'The seniors are supportive and approachable.'
- 'I would report any concerns immediately.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements and management of staff registration with the appropriate regulatory body.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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