

# Unannounced Care Inspection Report

## 7 March 2019



## Ardaveen Manor

**Type of Service: Domiciliary Care Agency**  
**Address: 35 Ardaveen Park, Bessbrook, Newry, BT35 7BX**  
**Tel No: 02830838119**  
**Inspector: Joanne Faulkner**

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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

Ardaveen Manor is a supported living type domiciliary care agency, located within a residential area of Bessbrook. The agency offers domiciliary care and housing support to adults; the care and support is provided by Southern Health and Social Care Trust (HSCT) staff.

The agency's aim is to provide care and support to service users to enable them to live in their own home within the local community.

Service users are provided with support to maintain their tenancy, to develop independent living skills and to be involved in the local community. Specific services can include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and social activities, dependent upon service users' needs, interests and wishes.

The accommodation is divided into three separate houses, each providing accommodation for up to four service users.

The service users have an individual room with en-suite facilities and access to a shared living room and kitchen/dining area; they have access to gardens at the rear of their home and to a larger sitting room within the shared entrance area of the scheme.

Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern HSC Trust  <b>Responsible Individual:</b> Shane Devlin	<b>Registered Manager:</b> Tracey Welch
<b>Person in charge at the time of inspection:</b> Tracey Welch	<b>Date manager registered:</b> 21/04/2017

### 4.0 Inspection summary

An unannounced inspection took place on 7 March 2019 from 10.15 to 17.15.

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

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Communication with service users and other relevant stakeholders;
- Effective engagement with service users and their relatives';
- Staff induction;
- Staff supervision and appraisal;
- Quality monitoring processes.

No areas for improvement were identified during the inspection.

Comments made by service users and staff have been 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.

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

## 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 Tracey Welch, registered manager, 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 19 February 2018

No further actions were required to be taken following the most recent inspection on 19 February 2018.

## 5.0 How we inspect

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

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

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

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

During the inspection the inspector met with three service users, the manager and two staff members.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Reports of monthly quality monitoring visits
- Service user meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records

- Records relating to adult protection matters
- Staff rota information
- Statement of Purpose
- Service User Guide

Questionnaires were provided during the inspection for completion by service users and /or relatives; no responses were received.

The inspector requested that a 'We missed you' card be displayed to provide details of the process for contacting RQIA if required; no responses were received.

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

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

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 19 February 2018**

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

### **6.2 Review of areas for improvement from the last care inspection dated 19 February 2018**

There were no areas for improvement made as a result of the last care inspection.

## **6.3 Inspection findings**

### **6.4 Is care safe?**

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The inspector reviewed processes in place within the agency to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

It was identified that the agency's staff recruitment process is managed by the Business Support Organisation (BSO); the inspector evidenced that information is forwarded to the manager prior to a staff member commencing employment, confirming that all required checks

have been completed. The manager provided assurances that staff are not provided for work until confirmation of pre-employment checks has been received.

From records viewed it was noted that the agency has a process to ensure that a statement by the registered provider or the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13 (d) Schedule 3 is in place for all staff.

Discussions with the manager and staff indicated that the agency's induction programme is in excess of the three day timescale as required within the domiciliary care agencies regulations. Staff are required to complete initial induction and to shadow other staff employed by the agency. In addition the inspector noted that staff are required to complete corporate induction as an E learning module and complete an induction workbook.

The inspector viewed records of staff induction for three staff members. Staff could describe the details of the induction provided which was noted to include shadowing other staff employed by the agency during their induction programme. Discussions with staff indicated that they had the knowledge and skills to fulfil the requirements of their roles.

Discussions with the manager and staff demonstrated 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. It was identified that a number of the agency's current staff and HSCT bank staff provide additional cover if required to encourage continuity of the service.

The inspector viewed the agency's staff rota information which was noted to reflect staffing levels as described by manager and staff.

The agency's supervision and appraisal policies outline the timescales and procedures to be followed. It was identified that staff receive quarterly supervision and annual appraisal; a record of supervision and appraisal are maintained. Records viewed for four staff indicated that they had received supervision and appraisal in accordance with the agency's policies.

Staff are required to complete required mandatory training in a number of areas and a range of training specific to the individual needs of service users. The agency has a system for recording staff training; staff could describe the process for identifying training needs and for ensuring that training updates are completed.

The inspector viewed that the agency's staff training matrix; it indicated that the majority of staff had completed relevant mandatory training. It was identified that outstanding training updates required to be completed by staff had been booked. Staff indicated that their training had equipped them with the required knowledge and skills for their job roles.

The agency retains details of all staff relating to their registration status and expiry dates with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC) as appropriate. The manager stated that the registration status of all staff is monitored monthly; they provided assurances that staff are not supplied for work if they are not appropriately registered. In addition registration status is discussed with individual staff at their supervision and appraisal meetings. Records viewed by the inspector indicated that staff were registered appropriately.

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership'

July 2015 and outlines the procedure for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC).

Staff demonstrated that they had a clear understanding of the process for reporting adult protection concerns. It was noted that staff are required to complete adult protection training during their induction and in addition two yearly thereafter. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding adults; three staff are due a training update in the next month.

Service users who spoke to the inspector stated they would speak to staff if they had concerns in relation to their safety or the care and support they receive.

Records viewed and discussion with staff indicated that the agency has a process for recording and retaining details of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager indicated that referrals made had been managed in accordance with their policy and procedures.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety.

It was identified that service users are supported were appropriate to participate in a review involving their HSCT community keyworker at least annually. Care plans are reviewed on a monthly basis and audited regularly by the deputy manager. It was noted that risk assessments are in place for practices deemed to be restrictive.

Care records viewed were noted to be retained in an organised and secure manner. The inspector viewed a range of risk assessments in place relating to individual service users.

The agency's office accommodation is located in the same building as the homes 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; it was noted that records were stored securely and that computers were password protected.

## **Comments received during inspection process.**

### **Service users' comments**

- 'I like it here; the staff are good.'
- 'I like it.'

### **Staff comments**

- 'I feel this place is brilliant; especially when it comes to safety.'
- 'Training is great; we get additional training.'
- 'E Learning is really good.'

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to staff induction, supervision, appraisal and adult safeguarding processes.



## 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.**

The inspector reviewed the agency's arrangements for responding to, assessing and meeting the needs of service users. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide. Records viewed during the inspection were noted to be retained securely and presented in an organised manner.

Staff could describe how they support service users regardless of their needs or abilities to be effectively engaged in care planning and review processes.

The agency has processes in place for monitoring, auditing and reviewing the effectiveness and quality of care delivered to service users. There is a system for the completion of monthly quality monitoring visits by the organisation's quality monitoring officer and a report is developed.

The inspector viewed the agency's reports of the monthly quality monitoring visits; records viewed indicated that the process is effective in supporting the agency to identify areas for improvement and an action plan is developed. The reports were noted to include comments made by staff, service users, their relatives, and HSCT representatives. They included details of the review of the previous action plan, review of complaints, accidents, incidents and safeguarding referrals; staffing arrangements, care records and practices deemed to be restrictive.

The inspection reviewed the agency's systems to promote effective communication between service users, staff and relevant stakeholders. Feedback from two service users and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate respectfully, effectively and appropriately with service users and in a compassionate manner.

Staff could describe a range of methods used to develop and maintain effective working relationships were appropriate with community HSCT representatives and service user's relatives.

Staff described how they support service users to be as independent as possible; it was noted from discussions with staff and records viewed that appropriate support is provided to meet the individual assessed needs of each service user. It was noted that service users' relatives are involved in the development of care and support plans.

Service user meetings are facilitated in the individual homes of service users and staff support service users to be involved; service users who spoke to the inspector indicated that they are supported to discuss any concerns.



Minutes of meetings viewed were noted to be completed in an easy read format and included details of the views, choices and decisions made by service users.

Staff meetings are facilitated, it was noted from minutes viewed details of matters discussed are retained.

### **Comments received during inspection process.**

#### **Service users' comments**

- 'Staff help me; we go out to the shops.'
- 'Food is good.'
- 'Staff good; staff help.'

#### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency's auditing arrangements and the effective communication and engagement with service users and other relevant key stakeholders.

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 assessed the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to the care and support they receive.

It was noted that staff receive information in relation to human rights, equality and confidentiality during their induction programme. It was positive to note that staff have recently completed training in relation to equality and diversity. Discussions with the manager, staff and service users, and observations made during the inspection indicated that the promotion of values such as respect and choice were embedded in the ethos of the agency and in the way staff provide care and support.

Observations made during the inspection provided evidence that staff supported service user to complete a range of tasks both within their home and the local community.

Service users and their relatives have been provided with information relating to human rights, advocacy and personal safety.

Individual service user care records viewed by the inspector contained information relating to the individual needs, choices and preferences of the service users and risk assessments for any practices deemed to be restrictive.

Staff described the processes used for ensuring that the care and support is provided in an individualised manner; they discussed a range of methods used for effectively supporting service users in making informed choices. Service users indicated that staff are helpful and supportive.

The inspector noted that a range of key information such as minutes of service user meetings is produced by the agency in an alternative format; this is to support service users in having a clear understanding of the information being provided. The inspector viewed a number of these documents during the inspection. Staff could describe how these documents have assisted them to support service users to be effectively engaged in decisions about their care and support.

The inspector discussed arrangements relating to the equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of individual service users in a safe, effective and compassionate manner.

Discussions with the service users, staff and the manager provided evidence that supports service users' equal opportunities regardless of their abilities, their background or their lifestyle choices. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Effective service user engagement and choice
- Adult Protection processes
- Equity of care and support
- Provision of care in an individualised manner.

Processes for effectively engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process, quality monitoring process, risk assessment and care planning process, review meetings and service user meetings.

Records viewed and discussions with staff indicated that the agency has systems in place to record comments made by service users and where appropriate their representatives. Records of service user meetings, reports of quality monitoring visits and care review minutes indicated engagement with service users and where appropriate relevant stakeholders.

The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

## **Comments received during inspection process.**

### **Service users' comments**

- 'I like it here.'

## Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and the ongoing engagement with service users and other relevant stakeholders.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 reviewed the agency's management and governance systems in place to meet the needs of service users. The agency is managed on a day to day basis by the deputy manager and senior support workers under the direction of the registered manager. Staff could describe the process for obtaining support and guidance at all times including out of hours arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained electronically and a number of key policies are retained in a paper format in the agency office.

The agency has systems in place for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Systems include the provision of relevant policies, monthly monitoring of staffing arrangements, complaints, accidents, practices deemed to be restrictive, adult safeguarding referrals and incidents notifiable to RQIA.

Discussions with the person in charge, staff and records viewed indicated that the agency's governance arrangements promote the identification and management of risk. There was evidence of ongoing collaborative working relationships with relevant stakeholders in relation to a range of matters.

The agency's complaints policy outlines the procedure for effectively managing complaints. Staff could describe the actions required to be taken in the event of a complaint being received. The agency has developed the complaints policy in an easy read format for service users.

The agency has a proforma for recording complaints received and actions taken. Records viewed and discussions with the manager indicated that complaints received since the previous inspection had been managed in accordance with the agency's policy. Complaints are audited on a monthly basis as part of the agency's quality monitoring process. The inspector discussed with the manager the need to ensure that the outcome of any investigation of a complaint is recorded on the proforma.

Records viewed and discussions with the manager indicated that the agency has in place management and governance systems to monitor and encourage improvements in the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints and obtaining views of service users and relevant stakeholders. During the inspection the inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal.

The agency maintains records of all accidents and incidents including those reportable to RQIA; records viewed were noted to include details of the incident and the actions taken. It was noted that details of all incidents are reviewed by the deputy manager and in addition forwarded to the HSCT risk management department. In addition incidents are reviewed as part of the agency's monthly quality monitoring process.

The organisational and management structure of the agency is outlined in the agency's Statement of Purpose; it details lines of accountability. Staff had a clear understanding of the responsibilities of their job roles; they indicated that senior staff are approachable. There was evidence of effective and ongoing collaborative working with relevant stakeholders such as HSCT community keyworkers.

Staff who spoke to the inspector could describe their responsibility in raising concerns and indicated that they 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.

### **Comments received during inspection.**

#### **Staff comments**

- 'We have a good team; the seniors are very approachable.'

#### **Areas of good practice**

There were examples of good practice identified in relation to the agency's governance arrangements including the quality monitoring process and the management of complaints and incidents.

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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