

Inspection Report

21 September 2021



Ardaveen Manor

Type of Service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Mr Shane Devlin	Registered Manager: Not applicable Date registered: Not applicable
Person in charge at the time of inspection: Mrs Hannah Farrell – Application for registered manager received 13 September 2021, pending review.	
Brief description of the accommodation/how the service operates: 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 11 adults; the care and support is provided by Southern Health and Social Care Trust (HSCT) staff.	

2.0 Inspection summary

The care inspector undertook an announced inspection on 21 September 2021 between 10.20 am and 1.30 pm.

The inspection focused on the agency's governance and management arrangements as well as staff recruitment, staff' registrations with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the service users. Good practice was found in relation to the system in place for disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

An area for improvement was made in relation to the risk assessments and care plans, relating to swallowing difficulties.

Service users indicated that they were satisfied with the standard of care and support provided.

Based on the inspection finding one area for improvement was identified. This related to safe and effective care. The care and support provided was found to be compassionate; and there was evidence that the service was well-led.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice guidance, and to address any deficits identified during our inspections.

Prior to the inspection we provided a number of easy read questionnaires for the service users to comment on the following areas of service quality:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought that the care and support was either excellent or good.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable incidents and written and verbal communication received since the previous care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with NISCC and the NMC were monitored by the agency.

During the inspection, we discussed any complaints that had been received and incidents that had occurred, with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff and the service users' relatives, to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA.

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

4.0 What people told us about the service

The information provided by service users and staff during the inspection indicated that there were no concerns in relation to the agency. All confirmed that they were very satisfied with the standard of care and support provided. The following comments were received during the inspection:

Service users' comments:

- "I like it here."
- "They are very nice."

Staff' comments

- "I am delighted here."
- "the service users are treated with the upmost respect. We have built up a good rapport with them."
- "I like it here, I really do."
- "It is very good here, the service users get all their needs tended to."

Service users' relatives also told us that they were very satisfied with the support and care provided in Ardaveen Manor. The following comment was received via questionnaire:

- "My XXXX is well cared for in Ardaveen Manor and is happy there. (I would suggest more in-house activities and therapies to recommence)."

No staff responded to the electronic survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 22 October 2019; no areas for improvement were identified. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

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

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice. The manager advised and the review of incident records confirmed that there had been no safeguarding incidents since the date of the last inspection.

It was noted that incidents had been managed in accordance with the agency's policy and procedures. The manager was aware of which incidents required to be notified to RQIA. The review of incidents identified that they had been reported to the HSC Trust's representative, as appropriate.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. The manager demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. Examination of service users' care records confirmed that DoLS practices were embedded into practice with the appropriate recent documentation available for review for two service users. We established that the processes had been discussed the SHSCT representative to have the remaining DoLS assessments embedded into practice. This will be reviewed at the next inspection.

There were processes in place for the safe and secure management of service users' monies and valuables. The manager was advised that, where the SHSCT managed service users' monies in excess of twenty thousand pounds, consent should be given by RQIA.

Where restrictive practices were used, this was clearly recorded within the service users' care records.

5.2.2 Is there a system in place for identifying care partners who visit the service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that information on care partners had been shared with the service users' relatives. One relative had expressed an interest in this and the service was in the process of starting this.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The manager identified a number of service users who required assistance with eating and drinking due to having swallowing difficulties; some of whom required their food and drinks to be of a specific consistency. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs; and how to modify food and fluids. However, review of the records identified that there were discrepancies between the consistency-type indicated on the risk assessments, to that indicated on the care plans. This was discussed with the manager who agreed to address the matter. An area for improvement has been made in this regard.

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of staff were noted to have completed their Dysphagia training prior to 2018. This was discussed with the manager, who agreed to address this with the staff. Following the inspection, the manager confirmed to RQIA, by email on 27 September 2021, that the identified staff had updated their Dysphagia training. We were satisfied that this had been addressed.

5.2.4 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before support workers are supplied to work with the service users. Records viewed evidenced that the required checks had been undertaken.

A review of the records confirmed that all support workers are appropriately registered with NISCC and the NMC. Information regarding registration status is monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

5.2.5 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2005. Discussion took place regarding the need to put arrangements in place to continue the monitoring visits, when the nominated monitoring officer is on leave.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's)/Significant Event Analysis's (SEA's) or Early Alert's (EA's). Safeguarding incident records were reviewed and it was noted that they had been reported and managed appropriately.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

6.0 Conclusion

Based on the inspection finding one area for improvement was identified. This related to safe and effective care. The care and support provided was found to be compassionate; and there was evidence that the service was well-led.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations, (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan (QIP) were discussed with Hannah Farrell, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations, (Northern Ireland) 2007.	
Area for improvement 1 Ref: Regulation 15 (2)(a) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered persons shall ensure that the risk assessments and care plans are reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI), as indicated on the Speech and Language Therapist (SALT) care plan.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: An audit has been completed to ensure all risk assessments and care plans include the International Dysphagia Diet Standardisation Initiative (IDDSI), guidance given by the Speech and Language Therapist. It has been communicated to all staff the importance of updating the care plans and risk assessments as updated IDDSI guidance is received. This has been added to agenda for team meetings and has been highlighted as an area for discussion in upcoming supervisions.</p>

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