

Unannounced Care Inspection Report

9 March 2017



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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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ardaveen Manor took place on 9 March 2017 from 9.45 to 15.45.

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 aims 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 agency ensures the welfare, care and protection of service users is achieved through the identification of safeguarding concerns; implementation of safeguarding procedures and on occasions collaborative working with Health and Social Care Trust (HSCT) safeguarding representatives and other agencies. 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. No areas for quality improvement were identified during this inspection.

Is care effective?

Delivery of effective care was evident on inspection. The agency responds appropriately to meet the needs of service users through the development and ongoing review of individualised care plans and ongoing liaison with service users HSCT community keyworkers. The agency has implemented 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?

Indicators of compassionate care were evident on inspection. The inspector found that an ethos of dignity and respect and independence was embedded throughout staff attitudes and the provision of individualised care and support. Observations made and discussions with staff indicated that agency staff value and respect the views and choices of service users. Service users indicated that their views and choices were respected. No areas for quality improvement were identified during this inspection.

Is the service well led?

Delivery of a well led service was evident on inspection. There are management and governance systems in place to meet the individual assessed needs of service users. Agency staff have an understanding of their roles and responsibilities within the management structure. There is a system in place to support staff and ensure that they can obtain the required support and guidance to fulfil their job roles at all times. There was 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with 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.

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 22 February 2016.

2.0 Service details

Registered organisation/registered person: Southern HSC Trust/Francis Rice	Registered manager: Tracey Welch (Registration pending)
Person in charge of the service at the time of inspection: Tracey Welch (Registration pending) and Deputy manager	Date manager registered: Tracey Welch - application received - "registration pending".

3.0 Methods/processes

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

- Discussion with the manager and 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 the inspection:

- Service users' care records
- 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
- Recruitment Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Disciplinary Policy
- Whistleblowing Policy
- Data Protection Policy
- Complaints Procedure
- Statement of Purpose
- Service User Guide

During the inspection the inspector met with the manager, the person in charge, one service user 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

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 with a learning disability. The accommodation is provided by Helm Housing and the care and support is provided by SHSCT staff.

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

The agency operates a key worker system with service users; they 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.

The agency's office is located at the main entrance of the service; staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

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

4.1 Review of requirements and recommendations from the last care inspection dated 22 February 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14. (b)(d) Stated: Third time	<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>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>The registered person must ensure that the service user guide and the agency's policies and procedures confirm the agency's contribution towards utility costs for the office accommodation located in the service user's home.</p> <p>Service users must be reimbursed monies owed in respect of the proportion of the utility bills used by the office. The registered person should forward to RQIA details of any reimbursements made to service users in respect of the utility costs associated with the agency's registered office.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>It was noted that the service user guide details arrangements relating to the payment of utility costs for the office accommodation located in the service user's home.</p> <p>Service users have received reimbursement in relation to utility costs.</p>	

Requirement 2 Ref: Regulation 21(1)(a) Stated: First time	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner.</p> <p>This requirement relates to the registered person ensuring that the agency's staff rota information is recorded in ink, includes an abbreviation list and accurately records the timings of shifts.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed that agency's staff rota information and noted that it is recorded in ink, includes an abbreviation list and accurately records the timings of shifts.</p>	Met
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4.2 Is care safe?

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

The agency's recruitment policy details the processes for ensuring that required staff pre-employment checks are completed prior to commencement of employment; it was identified that recruitment of staff is processed by Business Services Organisation (BSO) on behalf of the Health and Social Care Trust (HSCT). The person in charge stated that confirmation is received from BSO informing them that satisfactory pre-employment checks have been completed and staff are available for work.

The agency's training and development policy provides details of the induction programme lasting at least three days which is in accordance with the regulations; it was noted from documentation reviewed and discussions with staff that they are required to complete corporate induction and mandatory training. From discussions with staff it was identified that induction programme provided involves staff shadowing other staff members, meeting service users and becoming familiar with their care needs. The manager stated that staff are in the process of registering with the Northern Ireland Social Care Council (NISCC) and a copy of the certificate will be retained by the agency.

The agency maintains a record of the induction programme provided to staff; records viewed by the inspector contain details of the induction programme; staff indicated that they had the required knowledge and skills to fulfil the requirements of their job roles.

It was identified that relief staff are accessed from the HSCT bank list or another of the organisations facilities and that they are required to complete the induction programme provided to permanent staff. Staff could describe the impact to service users of frequent staff changes and the need to provide continuity of staff.

Discussions with the manager and staff 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 individual service users. The agency's staff rota information reflected staffing levels as described by the manager.

The agency has policies in place which detail the timescales and processes for completing staff supervision and appraisal. It was noted from information provided during the inspection that the agency maintains a record of staff supervision and appraisal; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff could describe the benefits of regular supervision to support them in their role.

The agency has a system in place for recording staff training; staff could describe their responsibility in identifying gaps and accessing required training. The manager stated that that SHSCT have appointed a training officer to monitor and co-ordinate staff training. It was noted that staff are required to complete mandatory training and in addition training specific to the needs of the individual service users. Training records viewed indicated that staff had completed appropriate training.

The inspector reviewed the agency's provision for the welfare, care and protection of service users; the inspector noted 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 regional policy.

The inspector reviewed the agency's records maintained in relation to safeguarding vulnerable adults; it was identified that the agency has made a number of referrals to the HSCT safeguarding team in relation to allegations of abuse. Records viewed and discussion with the person in charge indicated that the agency had acted in accordance with their policy and procedures.

It was noted that staff are provided with face to face training in relation to safeguarding vulnerable adults during their induction programme and in addition are required to complete an update two yearly. Training records viewed by the inspector indicated that a number of staff are required to complete a training update; the person in charge provided details of the planned dates for training. Discussions with staff demonstrated that they had an understanding of safeguarding and could describe the process for raising concerns; 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. Staff stated that service users are supported to be involved in the development of risk assessments and care plans. It was identified from records viewed and discussions with staff that care and support plans are reviewed weekly and that service users have an annual review involving their HSCT community representative. The inspector noted 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 same building as the homes of the service users; the premises are suitable for the operation of the agency as described in the Statement of Purpose.

Service user comments

- 'I am good.'
- 'Staff are good.'
- 'I like the people I live with; I like the staff.'

Staff comments

- 'I love it here.'
- 'I got induction training.'
- 'Service users are safe here.'
- 'Service users are given choice.'

Areas for improvement

No areas for improvement were identified during this inspection.

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

The inspector reviewed the agency's arrangements for appropriately responding to and meeting the assessed needs of service users. 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 a range of 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 stated that staff support them to be involved in the development of their individual care plans; it was noted that staff record daily the care and support provided.

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. It was noted that monthly quality monitoring visits are completed by the HSCT monitoring officer and an action plan developed. Records viewed were noted to include the 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 details of the audit of staffing, documentation and financial management arrangements are completed.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with staff, and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users; it was noted that staff have developed various methods of communication to meet the needs of individual service users. The inspector noted that service users and their relatives are provided with details of the process for reporting issues or complaints and stated that they can speak to staff at any time.

The agency facilitates monthly tenants' meetings; staff stated that service users are encouraged to attend and provided with the opportunity to express their views and opinions. It was identified that comments made by service users are recorded in the minutes of tenants' meetings maintained by the agency and that the minutes are provided in an easy read format.

The person in charge could describe ways in which the agency seeks to maintain effective working relationships with the other HSCT representatives and other stakeholders. Staff could describe the benefits of involvement of an independent advocate to support service users.

Service users' comments

- 'I am going shopping today.'
- 'I got new clothes on Monday; I picked them myself.'
- 'Staff do the food and the cleaning.'

Staff comments

- 'We encourage service users to go out daily; they go walking, swimming, shopping etc.'
- 'Service users are involved in care planning.'

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 effectively involve service users and where appropriate their representatives 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.

Observations of staff interaction with service users and discussion with staff during the inspection indicated that care is provided in a person centred manner. The inspector observed service users being encouraged to make decisions about the individual care and support they received.

Care plans viewed were completed in an individualised format; staff described ways in which they support service users to be involved in making decisions regarding their care and support. Records of tenant meetings reflected the involvement of service users. The inspector identified that the agency provides a range of documentation in an easy read format.

Processes to effectively engage and respond to service users and where appropriate their representatives are maintained through the agency's complaints and compliments processes; monthly quality monitoring visits; annual review meetings; annual stakeholder surveys and tenants' meetings. The person in charge described the challenges encountered when trying to obtain the views of service users.

Service users' comments

- 'I am happy.'
- 'I talk to ***** my keyworker.'

Staff comments

- 'Service users are given choice; a number of the service users have a particular routine that they like.'

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 which are retained electronically; staff could describe the process for accessing these records. The inspector viewed a number of the agency's policies and noted that they had been reviewed and updated in accordance with timescales outlined within the minimum standards.

From discussions with the person in charge and documentation viewed it was noted 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; restrictive practice and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure for handling complaints; discussions with staff indicated that they have an understanding of the actions required in managing complaints. The agency maintains a record of complaints and compliments received.

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

The organisational and management structure of the agency is outlined in the Statement of Purpose. Staff had a clear understanding of their job roles and responsibilities; they stated that the manager and deputy manager are approachable. Staff could clearly outline the process for obtaining support and guidance from senior managers both during office hours and out of hours.

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 reviewed and updated as required.

Staff could describe examples of ongoing collaborative working with stakeholders to achieve better outcomes for service users.

Staff comments

- 'I feel supported.'
- 'There is the potential for progressing and improving my skills.'
- 'I feel listened to.'
- 'Managers are approachable.'
- 'There has been a change in the management; it has been positive.'
- 'Staff work good as a team.'

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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