

**Unannounced Care Inspection
of
Ardaveen Manor**

22 February 2016

1. Summary of Inspection

An unannounced care inspection took place on 22 February 2016 from 10.30 to 15.30. 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	2	0

The details of the QIP within this report were discussed with the person in charge 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/Paula Mary Clarke	Registered Manager: Tracey Welch (Acting)
Person in Charge of the Agency at the Time of Inspection: Acting Assistant Manager	Date Manager Registered: 26 November 2015 (Acting)
Number of Service Users in Receipt of a Service on the Day of Inspection: 10	

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; many service users moved to the scheme from long stay hospital placements.

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; an additional shared lounge is also located in this area, which service users can access at all times. Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

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 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:

- Discussion with the person in charge
- Examination of records
- Consultation with staff/stakeholders
- Evaluation and feedback

During the inspection the inspector met a number of service users and spoke to four care staff; following the inspection the inspector spoke to the relatives of two service users.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- Two care and support plans
- HSC trust assessments of needs and risk assessments
- Care review records
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints register
- Recruitment policy (July 2013)
- Supervision policy

- Disciplinary procedure (April 2015)
- Whistleblowing policy (March 2015)
- Appraisal policy
- Agency's rota information

Questionnaires were issued to staff and service users during the inspection; there have been no staff questionnaires returned to RQIA.

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

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 13 October 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
Requirement 1 Ref: Regulation 14.(b)(d)	<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; (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. Service users must be reimbursed monies owed in respect of food eaten by staff purchased by service users prior to the 11 July 2013, and the proportion of the utility bills used by the office.</p>	<p>Partially Met</p>

	<p>Action taken as confirmed during the inspection: It was noted that service users had been reimbursed for monies owed in respect of food eaten by staff.</p> <p>However, the inspector confirmed during discussion with staff that the service users had not been reimbursed monies owed in respect of utility bills to reflect the proportion of the utility bills used by the office. The inspector was informed there are ongoing discussions with the HSC Trust in relation to monies owed to service users in respect of the utility costs.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 14.(b)(d)</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; (d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to the registered person ensuring that the agency's staff record their full signature on all finance documentation.</p> <p>Action taken as confirmed during the inspection: From finance documentation viewed it was noted that staff record their full signature.</p>	Met
<p>Requirement 3</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 records made on behalf of service users must be legible and any mistakes appropriately dealt with on the face of the document i.e. a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry. Correction fluid must not be used. This relates to the list of staff signatures maintained</p>	Met

	by the agency.	
	<p>Action taken as confirmed during the inspection: From records viewed it was noted that correction fluid had not been used.</p> <p>The inspector viewed a list of staff signatures maintained by the agency.</p>	
<p>Requirement 4</p> <p>Ref: Regulation 6.-(1)(b)</p>	<p>The registered person shall produce a written service user's guide which shall include –</p> <p>(b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate.</p> <p>This requirement relates to the registered person ensuring that the service user guide and the service user finance agreement details charges relating to the agency's transport service.</p> <p>Action taken as confirmed during the inspection: From records viewed it was identified that the service user guide and individual service user finance agreements detail charges relating to the agency's transport service</p>	Met
<p>Requirement 5</p> <p>Ref: Regulation 6.-(1)(b)</p>	<p>The registered person shall produce a written service user's guide which shall include –</p> <p>(b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate.</p> <p>This requirement relates to the registered person ensuring that the service user guide details the process for service users choosing to cancel services provided by the agency.</p> <p>Action taken as confirmed during the inspection: It was noted that the service user guide details the process for service users choosing to cancel services provided by the agency.</p>	Met

Requirement 6 Ref: Regulation 23.-(1)(5)	<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 monthly quality monitoring record maintained clearly records the views of relevant professionals.</p> <hr/> <p>Action taken as confirmed during the inspection: It was identified from records viewed that the agency's monthly quality monitoring report includes the views of relevant professionals.</p>	Met
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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 policy details the mechanism in place to ensure that appropriate pre-employment checks are completed; the person in charge stated that a copy of the relevant documentation is retained by the agency's human resources department. The agency maintains an alphabetical index of all domiciliary care workers supplied or available for supply by the agency.

Agency staff are required to undergo a medical assessment prior to employment; the person in charge could describe the procedure for ensuring staff are physically and mentally fit for the purposes of their work; including a return to work interview following a period of sick leave and support for staff to facilitate return to work.

Agency staff are required to complete corporate induction; induction documentation viewed outlined the induction programme lasting at least three days; staff stated that their induction included shadowing staff members in the service users' homes. The agency maintains a record of the induction provided to staff; it details information provided during the induction period and is signed by the staff member. The agency's staff handbook is provided to all staff; in addition staff can access the agency's policies and procedures.

The agency has a procedure for the induction of short notice/emergency staff; the person in charge stated that staff are accessed from the organisations bank staff group. The agency has a procedure for verifying the identity of all staff prior to their supply.

The agency has policies and procedures relating to staff supervision and appraisal; they outline the frequency and process to be followed. The agency maintains a record of staff supervision and appraisal.

Is Care Effective?

Discussions with staff and the person in charge provided assurances that there is at all times an appropriate number of suitably skilled and experienced persons available to provide care and support to service users. Staff could describe the benefits of having adequate staff to ensure the needs of service users are met.

Staff rotas viewed reflected staffing levels as described by the person in charge; they described the need to increase staffing numbers to meet the needs of individual service users. It was identified that the staff rota information detailed the full name and role of staff provided; however, it was noted that it did not consistently record in ink, and in addition did not contain an abbreviation list or accurately record the timings of shifts.

Staff stated that they are provided with a job description which outlines the roles and responsibilities of their individual job role, and could describe their roles and responsibilities and the process for highlighting any training needs or concerns.

Staff could describe the content of their induction programme and indicated that they felt equipped to complete the requirements of their job role. It was noted that agency staff are provided with mandatory training and in addition training specific to meet the needs of individual service users. Staff stated that they are encouraged to identify individual training needs.

The person in charge stated that the individuals providing supervision have received appropriate training. The inspector viewed documentation relating to staff supervision and noted that it had been provided in accordance with the agency's policy and procedures.

Staff were aware of the agency's whistleblowing policy and their responsibility in highlighting concerns.

Is Care Compassionate?

The agency introduces new staff to service users during their induction period; staff stated that due to the communication needs of service users it can be difficult to obtain an accurate reflection of service users' views in relation to staffing issues. Staff could describe the impact of staff changes on service users and benefits of ensuring continuity of staff. The person in charge stated that staff provided in an emergency is from a team of staff familiar to the service users.

Records viewed indicated that staff receive induction and ongoing training specific to the needs of service users. Staff stated that they have the knowledge and skills to carry out their job roles. Staff described how their induction involved meeting service users and becoming familiar with their care needs.

The agency has a process in place to ensure that staff provided at short notice have the knowledge, skills and training to carry out the requirement of the job role.

The agency's disciplinary procedures outline the process for addressing unsatisfactory performance of staff.

Staff Comments:

- “I have had lots of training.”
- “I get supervision three times per year.”
- “Managers are approachable.”
- “We have enough staff; but it can be a demanding job.”
- “I feel supported; everything is good.”

Relatives' Comments:

- “Staff are great.”
- “Staff inform me of any changes.”
- “The communication is good.”
- “***** is well looked after.”
- “Staff meet ***** needs.”
- “I have no concerns.”
- “***** gets great attention.”

Areas for Improvement

There was one area for improvement identified within Theme 1:

Regulation 21(1)(a)

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.

Number of Requirements:	1	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - Service users are involved in the care they receive**Is Care Safe?**

Assessments of need and risk assessments viewed reflected the views of service user representatives. Relatives of service users stated that they are involved in the assessment process and completion of care and support plans; they stated that their views and wishes are considered and reflected. The agency retains copies of a number of multi professional assessments.

Care and support plans viewed indicated that the wishes service users, and where appropriate their representatives, were reflected and had been completed in conjunction with a relevant HSC trust representative. Care plans are reflective of service users' individual needs and contain details of any agreements made in relation to care and support provided.

Staff described a number of examples of positive risk taking agreed in collaboration with the service user and/or their representative. Staff could describe the benefits of positive risk taking and their role in supporting service users to live as full a life as possible. Records viewed outline agreements made in relation to positive risk taking.

Is Care Effective?

Service users and their relatives are encouraged to participate in an annual review of their care and support involving representatives for the HSC trust. Staff described that a number of service users receive more frequent reviews and the rationale for this. It was identified that staff record daily the care and support provided and that care plans are reviewed annually or as required; those viewed include the choices and routines of individual service users.

The agency facilitates monthly tenants' meetings; records viewed indicate that service users are encouraged to express their views and opinions and that minutes are recorded in a pictorial format. Service users and their relatives are informed of the agency's complaints procedure; the agency maintains a record of all compliments and complaints. Monthly monitoring visits are completed and documentation viewed indicates engagement with service users and their representatives where appropriate.

Service users have been provided with human rights information in a suitable format and the agency's service user guide details the process for accessing an independent advocacy service. Staff could describe the ongoing engagement with an advocate in relation to the rights of service users; relevant reference is made to service users' human rights within individual care plans. The person in charge stated that the agency distributes an annual satisfaction survey to relatives to ascertain their views.

Is Care Compassionate?

Discussions with staff and relatives and observations made during the inspection indicate that service users receive care in a person centred manner.

Staff discussed examples of responding to service users' preferences and the use of easy read materials to capture their views; records of monthly tenants' meetings reflected the involvement of service users.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and relatives and observation of staff and service user engagement during the inspection.

The person in charge could describe the process for engaging with HSC trust representatives in relation to best interest practices for service users where there are capacity and consent issues; this included completion of risk assessments, best interest decision/review meetings and development of care plans in relation to decisions made.

Relatives' Comments:

- "Staff are great, they give ***** great attention."
- "My relative is given choice."
- "***** gets what he wants."
- "Staff are very attentive."

Staff Comments:

- "Service users are given choice; we support them to communicate their views by the use of various methods."

- “We advocate for the service users.”
- “We promote independence of the service users as much as possible.”

Areas for Improvement

There were no areas for improvement identified within Theme 2.

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

5.5.1 Monthly Quality Monitoring

The inspector viewed the agency’s quality monitoring documentation in place and noted that monthly monitoring visits are completed by the agency’s monitoring officer. It was noted from records viewed that the views of agency staff, service users and were appropriate their representatives had been recorded. The documentation records any incidents or safeguarding concerns and an action plan.

5.5.2 Complaints

The agency’s complaints policy outlines the procedure for handling complaints. It was verified from records viewed and discussion with the person in charge that the agency has received two complaints for the period 1 January 2014 to 31 March 2015.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the person in charge 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.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 14.
(b)(d)

Stated: Third time

To be Completed by:
22 June 2016

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-

(b) so as to safeguard service users against abuse or neglect;
(d) so as to ensure the safety and security of service users' property, including their homes;

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.

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.

Response by Registered Person(s) Detailing the Actions Taken:

The trust have issued RQIA with a response regarding reimbursement of utility costs for office accommodation located within service users homes. at present there has been no further decision made. Therefore until a decision is made the user guide has been amended to reflect this.

Requirement 2

Ref: Regulation
21(1)(a)

Stated: First time

To be Completed by:
22 April 2016

The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-
(a) kept up to date, in good order and in a secure manner.

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.

Response by Registered Person(s) Detailing the Actions Taken:

The duty rota is completed by Assistant Manager in black ink the shift the hours are in 24 hour clock any abbreviations are listed at bottom of duty rota sheet.

Registered Manager Completing QIP	Tracey Welch	Date Completed	24/03/16
Registered Person Approving QIP	Micéal Crilly	Date Approved	24/03/16
RQIA Inspector Assessing Response	Joanne faulkner	Date Approved	25/03/16

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

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 service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.