

Unannounced Care Inspection Report 19 February 2018



Ardaveen Manor

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

www.rqia.org.uk

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

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 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.

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.'

3.0 Service details

Registered organisation/registered person: Southern HSC Trust/Francis Rice	Registered manager: Tracey Welch
Person in charge of the service at the time of inspection: Tracey Welch	Date manager registered: 21/04/2017

4.0 Inspection summary

An unannounced inspection took place on 19 February 2018 from 10.00 to 16.30.

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 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.

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 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 9 March 2017

No further actions were required to be taken following the most recent inspection on 9 March 2017.

5.0 How we inspect

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

- Discussion with the registered 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
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with the registered manager, three staff members and a number of service users.

The following records were viewed 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; no responses were received.

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

During the inspection the inspector visited a number of service users in their homes and observed staff interacting and supporting service users with their everyday activities.

The inspector would like to thank the registered manager, 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 9 March 2017

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 9 March 2017

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 agency's systems in place to avoid and prevent harm to service users were reviewed; this 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. It was noted that the agency's recruitment process is managed by the organisation's HR department. The registered manager could describe the process for receiving confirmation that pre-employment checks have been satisfactorily completed and that staff are ready to commence employment.

The agency's induction programme is noted to be in accordance with the timescales as required within the domiciliary care agencies regulations. The registered manager 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 is now 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; they indicated that staff had received induction at the commencement of employment.

Discussions with the registered manager and staff, and observations made during the inspection indicated that staff had the required knowledge and skills to fulfil the requirements of their job.

It was identified that relief staff are not accessed from another domiciliary care agency; relief cover is provided by the agency's regular staff or the Health and Social Care Trust (HSCT) bank staff.

The registered manager 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. The manager stated that levels of staffing can fluctuate due to the needs of the service users. The inspector discussed with the registered manager the need to reflect the working arrangements of the manager and deputy manager on the staff rota.

The agency's staff operational procedures outline the timescales and procedures for staff supervision and appraisal. The agency aims to provide staff with quarterly supervision and annual appraisal. From records viewed the inspector noted that a record of supervision and appraisal is retained. Documentation 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 staff training records; those viewed indicated that a staff required had received training in accordance with the agency's policy relating to mandatory training. The inspector noted that staff are required to complete induction training, training in a range of mandatory areas and in addition training specific to the needs of individual service users. The manager and staff could describe the process for monitoring and 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 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 has a process for maintaining 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 made a number referrals in relation to adult protection since the previous inspection; it was discussed with the manager the benefits to recording the outcome of

the referral on the agency's proforma. Following the inspection the registered manager provided and updated proforma to RQIA.

Staff are required to complete safeguarding vulnerable adults training during their induction programme and a two yearly update; records viewed indicated that the 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 for individual service users and any restrictive practices in place. It was noted that Best Interest meetings had taken place in relation to any practices deemed to be restrictive and that they are reviewed at least annually.

Staff could describe how they support 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. It was identified that service users and where appropriate their relatives are supported to participate in an annual review involving their HSCT community keyworker and care plans are reviewed and updated annually or as required.

The agency's registered office are 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.

Comments received during inspection.

Staff comments

- 'Supported living is much better; it was hard to get used to it at the start.'
- 'I am very happy working here.'
- 'Training is good.'
- 'I get supervision; it is good.'
- 'I find my job very rewarding.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's staff induction, supervision, and appraisal and monitoring of restrictive practices.

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 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 procedures for the creation, storage and retention of records. Records viewed by the inspector were 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 presented in an organised manner and held securely. Documentation relating to staff were noted to be maintained in a secure and organised manner.

Service users could clearly 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 other relevant stakeholders in relation to the quality of the service provided.

Records of monthly quality monitoring visits viewed during the included details of the review of the agency's processes and an action plan. The records was noted to include details of the review of complaints, compliments, staffing arrangements, accidents, incidents or safeguarding referrals and practices deemed to be restrictive.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Discussions with 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 caring and respectful manner.

Staff who spoke to the inspector 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 an active and fulfilling life. One service user who spoke to the inspector could describe the various ways in which staff support them to partake in a wide range of chosen activities.

The agency aims to facilitate 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 and provided in an easy read format.

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.

Comments received during inspection.

Staff comments

- 'Service users are well looked after.'
- 'We support the service users to get out and about.'
- 'Service users are out each day; we go for coffee in Bessbrook or walking or shopping.'

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 effectively engage service users in decisions affecting the care and support they receive.

Staff could describe the range of methods they use to support service users to be effectively involved in making informed choices and how they respect their views and wishes. The inspector noted from discussions with staff that they provide care and support in a manner that ensures values such as choice, dignity and respect are promoted. Staff who spoke to the inspector indicated that they had a very good understanding of the needs of individual service users. Staff discussed the difficulties in ascertaining the views and choices of some of the service users due to the communication difficulties and the complexity of their needs; they stressed the need to ensure continuity of staff to ensure that the needs of service users are met.

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

The agency has systems for recording comments made by service users and where appropriate their representatives. Records of service user care review meetings and monthly quality monitoring reports viewed by the inspector provided evidence that the agency endeavours to engage with service users and a range of stakeholders in relation to the quality of the service provided.

The inspector observed staff supporting a service users to make choices in relation to the care and support they receive and activities they wished to participate in. The agency has provided a range of information in an alternative format to support service users in understanding the information being provided.

Comments received during inspection.

Staff comments

- 'The service users have choice; we get to know what they like.'

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 a caring and compassionate 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 manager. Staff could describe the process for obtaining support and guidance if required including arrangements for out of hours.

The agency policies and procedures noted to be in accordance with those as required within the minimum standards are retained in an electronic format; it was noted that a number of key policies are also retained in a paper format and stored in the agency's office. During the inspection the inspector viewed a number of the organisation's policies and procedures.

The agency's systems for auditing and reviewing information with the aim of promoting safety and improving the quality of service provided were reviewed.

Documentation viewed and discussions with staff indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of relevant policies, the 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 procedure for managing complaints; discussions with staff indicated that they had knowledge of the actions required in the event of a complaint being received. Staff stated that they receive information relating to the management of complaints during their induction programme. It was noted that 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 acted in accordance with their policies and procedures in managing complaints received since the previous inspection. Staff could describe the process for managing complaints received.

It was identified that the agency has in place systems to monitor the quality of the service provided and to encourage improvement. They 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 demonstrated that they had a good understanding of their job roles and responsibilities; it was noted 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 was noted to be retained by the agency and monitored monthly by the deputy manager; the agency also retains a copy of individual staff members' certificates of registration.

Discussions with the registered manager 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.

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.

Comments received during inspection.**Staff comments**

- 'The managers are approachable; they sort things out.'
- 'I feel listened to; the Band 5 staff discuss things with us.'

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 relevant regulatory bodies.

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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