

# Unannounced Care Inspection Report

## 22 October 2019



## Ardaveen Manor

**Type of Service: Domiciliary Care Agency**  
**Address: 35 Ardaveen Park, Bessbrook, Newry, BT35 7BX**  
**Tel No: 02830838119**  
**Inspectors: Michele Kelly and Gemma Murray**

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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 service users 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(s):</b> Shane Devlin	<b>Registered Manager:</b> Tracey Welch
<b>Person in charge at the time of inspection:</b> Deputy manager	<b>Date manager registered:</b> 21 April 2017

### 4.0 Inspection summary

An unannounced inspection took place on 22 October 2019 from 09.45 to 16.00.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home

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:

- person centred care practices and records
- communication with service users and their relatives
- staff supervision and appraisal
- quality monitoring processes

No areas for improvement were identified during the inspection.

Comments made by service users, relatives 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 inspectors 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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the deputy 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 7 March 2019

No further actions were required to be taken following the most recent inspection on 7 March 2019.

#### 5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report and QIP
- records of notifiable events
- all correspondence received by RQIA since the previous inspection

A range of documents, policies and procedures relating to the service were reviewed during the inspection and referred to in the body of the report.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issuing of this report.

Questionnaires were also provided for distribution to the service users and their representatives; no responses were received prior to the issuing of this report.

During the inspection the inspectors met with three service users, two staff, and one service user's visitors/representatives. Their views are reflected in the body of the report.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 7 March 2019

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

## 6.2 Inspection findings

### 6.3 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 within the agency.

The agency has a recruitment policy that outlines the procedures for ensuring that required staff pre-employment checks are completed.

Discussions with the person in charge indicated that they had a clear understanding of the recruitment process and the need for robust systems to be in place. The person in charge stated that staff are not provided for work in the homes of service users until all required checks have been satisfactorily completed.

Discussions with staff and review of records 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.

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 person in charge 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 inspectors indicated that staff were registered appropriately.

The deputy manager and staff could describe the process for identifying individual training needs and their responsibility for ensuring that training updates are completed. Staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. Staff stated that their training was informative and had equipped them with the required knowledge and skills for their role. They described the value of

the additional training received in improving the quality of care they provided and demonstrated a clear understanding of service user's human rights in all aspects of their lives. Training records viewed indicated that staff had completed relevant training and the agency retains appropriate records of all training. The inspectors noted that some staff required updates in relation to fire safety training. Following the inspection the deputy manager informed the inspectors of staff attendance at training events since the inspection. The inspectors also observed that a recent employee had not received specific training in respect of Management of Actual or Potential Aggression (MAPA) in line with policy; following the inspection the inspector was advised that this employee was now booked to attend this training in December; these matters will be reviewed at the next inspection.

Discussions with the staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the Adult Safeguarding Champion (ASC) and the process for reporting adult safeguarding concerns appropriately and in a timely manner. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

Staff are required to complete safeguarding training during their induction programme and regular training updates. From training records viewed it was noted that staff had received training in relation to adult safeguarding and child protection.

Staff confirmed that care is provided to service users by a core team to help provide continuity of care and develop trusting relationships. It is felt that this can have a positive impact on the service users' experience in accordance with their human rights. There were no concerns raised with the inspectors in relation to staffing levels. A small cohort of bank staff support the staff team and the staff team themselves cover extra shifts regularly.

Examination of records indicated that a system is in use to ensure that staff supervision and appraisals are planned and completed in accordance with organisational policy. The inspector contacted the Southern Health and Social Care Trust (SHSCT) bank office following the inspection to discuss arrangements to ensure bank staff can access mandatory training and supervision. The acting operational manager within the bank described systems of support for those staff supplied by the SHSCT bank and confirmed that all bank staff are required to attend mandatory training.

The inspectors reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The person in charge could clearly describe the process for assessing and reviewing risk. Records confirmed that comprehensive risk assessments and care plans had been completed in conjunction with service users and their representatives. The inspectors noted that risk assessments are in place for practices which may be deemed restrictive and these had been discussed at best interests meetings and appropriately signed. A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. The person in charge also discussed plans and contingency arrangements to support staff to meet the needs of a service user with physical health needs returning to live in Ardaveen Manor.

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



## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, adult safeguarding, risk management.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The review of service users care records identified that they were comprehensive and maintained in an organised manner. The records evidenced referral information, risk assessments, care plans and annual care reviews with the SHSCT representative.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care planned for service users or with changes to existing service users' care plans. Care plans were noted to be very person-centred and to clearly and concisely describe service users' needs. It was evident that human rights considerations were reflected in the assessments and care and support plans.

The staff who met with the inspectors demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their seniors and SHSCT professionals if any changes to service users' needs are identified. Staff discussed ongoing quality monitoring of service users' needs to ensure effective service delivery.

Staff also described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect. Staff outlined the methods used to ensure that service users are supported to be involved in the development of their care plans and daily activities. On the day of inspection it was evident that some service users have complex physical and psychological health needs and staff described strategies in place to ensure effective care.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders. A relative who spoke to the inspector was very happy with the communication from staff and complimented staff on their actions and attitudes.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Observations of staff interaction with service users during the inspection, discussions with service users and staff provided evidence that staff communicate effectively with service users.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key 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

### 6.5 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 inspectors sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was identified that staff receive awareness training in relation to equality, human rights and confidentiality during their induction programme. Discussions with staff, service users and a relative, observations made and records viewed during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care is provided. The agency has provided easy read information to service users relating to human rights, advocacy and adult safeguarding.

All those individuals who spoke to the inspectors described how service users can make choices about the care and support they receive and provided assurances that service users can refuse any aspect of their care. The inspector noted that each service user's file has a record of "How best to support me" which outlines specific details regarding communicating and working with the individual service user.

The service users and a relative who spoke to the inspectors indicated that service users have choice and stated that staff respects their views, wishes and choices. The relative stated that staff have supported their relative very well comments included:

- "Staff have been so good and caring."
- "Care is very good."

Service user care records viewed in the agency office were noted to clearly outline the information relating to the needs of service users and their individual choices and preferences. The service users who spoke to the inspectors could describe how they are supported to make decisions about the care and support they received. Some of the areas of equality awareness identified during the inspection include:

- effective communication



- promotion of effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- individualised risk assessment and care planning

Staff described how they aim to provide the care and support in a person centred way; and the processes used for effectively supporting service users in making informed choices

Staff also discussed the value of developing rapport with service users, and the need to be mindful of their individual wishes and preferences.

#### **Comments made by staff:**

- “It is great to be in service users’ lives.”
- “This is the best place I have ever worked in.”

Service user meetings are facilitated regularly and minutes of meetings viewed included details of the views, choices and decisions made by service users.

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

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### **6.6 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 inspectors 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 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 inspectors 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. These robust reports 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. Processes for engaging with and responding to service users comments were evident in monthly monitoring reports and in the consultations for the annual survey.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed. RQIA had been notified of any reportable incidents.

The agency has a range of policies and procedures which are retained in the agency's office and electronically, where staff can access them.

The agency's complaints policy outlines the process for managing complaints; discussions with the person in charge and staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. The complaints policy is also available in easy read format. It was noted that staff receive awareness training in relation to management of complaints during their induction programme. A service user and relative spoken to could describe the process for raising concerns; this indicated that service users and relatives have access to clear and fair processes for getting their views heard in line with their human rights and to raise and resolve concerns or complaints.

During the inspection the inspector viewed records that evidenced staff receive appropriate staff induction and supervision and appraisal.

The inspectors discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The deputy manager was also able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

Staff who spoke to the inspectors confirmed that there had good working relationships with the management team; they 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 certificate of registration was on display and reflective of the service provided.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### **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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