

Unannounced Care Inspection Report 7 November 2017



Slievegrane

Type of Service: Domiciliary Care Agency
Address: 2A Ardglass Road, Downpatrick, BT30 6JG
Tel No: 028 4483 9959
Inspector: Michele Kelly

www.rgia.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

Slievegrane is a domiciliary care agency (supported living type) which provides a range of personal care services to people living in their own homes. Service users have a range of needs including mental health issues and require support to live as independently as possible in a range of accommodation types in Downpatrick.

3.0 Service details

Organisation/Registered Provider: South Eastern Social Care Trust Responsible Individual(s): Hugh McCaughey	Registered Manager: Andrew McKeever
Person in charge at the time of inspection: Support worker	Date manager registered: Andrew McKeever - 29/06/2016

4.0 Inspection summary

An unannounced inspection took place on 7 November 2017 from 09.30 to 15.30.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine 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:

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

A number of areas were identified for improvement and development:

- Notice in writing must be given to RQIA of the absence of the registered manager for a continuous period of 28 days or more.
- The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. The registered person must submit to RQIA on a monthly basis, reports of quality monitoring undertaken in accordance with Regulation 23(2) and (3).
- The agency's adult safeguarding policy must be updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership').
- The Service User Guide should be updated to reflect current arrangements and in accordance with minimum standards

Service users said that staff were caring and respectful, that their lifestyle in Slievegrane was good and that staff and tenants get on very well.

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	2	2

Details of the Quality Improvement Plan (QIP) were discussed with the manager of another South Eastern Health and Social Care Trust (SEHSCT) facility and the deputy manager as part of the inspection process. The timescales for completion commence from the date of inspection.

5.0 How we inspect

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

- discussion with the deputy 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 report.
- Records of notifiable events.
- Any correspondence received by RQIA since the previous inspection.

During the inspection the inspector met with two service users and two staff.

The following records were viewed during the inspection:

- service users' care records
- risk assessments
- tenants' meeting minutes
- staff meeting minutes
- staff induction records
- staff training records
- records relating to staff supervision
- complaints records
- incident records
- records relating to adult safeguarding
- staff rota information
- whistleblowing Policy
- recruitment Policy

- induction Policy
- supervision Policy
- safeguarding Vulnerable Adults Policy
- confidentiality Policy
- complaints Policy
- statement of Purpose
- service User Guide

Questionnaires were provided by the inspector for completion during the inspection by service users; six service user questionnaires were returned to RQIA. At the end of the inspection a poster was left with the deputy manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report no staff questionnaires had been returned to RQIA via Survey Monkey.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 October 2016

The most recent inspection of the agency was an unannounced care inspection.

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.

During the inspection the inspector reviewed that agency's processes in place to avoid and prevent harm to service users; this included a review of staffing and management arrangements in place within the agency.

From discussions and observations it was clear that staff were knowledgeable about the level of support required by each service user to ensure their safety, both in the agency and during activities. Service users meet with their key worker and have regular house meetings to discuss possible activities.

Service users advised that they could speak to staff, their social worker or independent advocate if they had any complaints or concerns. It was clear from the observed interactions that the staff and service users have developed a good relationship with each other and have open communication.

The agency's staff recruitment process is managed by the organisation's HR department. The agency's selection and recruitment policy was examined and discussed during the inspection. The deputy manager demonstrated her knowledge of the regulations and standards with regard to the required pre-employment checks. The compulsory registration with NISCC was discussed and the deputy manager was knowledgeable in this regard.

The agency's policy and procedures in relation to safeguarding adults was reviewed. The agency has not developed a revised policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership' ; this is an area for improvement.

The deputy manager was knowledgeable regarding her and staffs' role and responsibilities with regard to safeguarding and stated that the agencies are working within the Health and Social Care Board 2016 guidelines. From discussions with the staff and records viewed it was identified that the agency maintains a record of referrals made to the SEHSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse and that the details of the outcome of any investigations are recorded.

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 that service users are supported to participate in an annual review involving the SEHSCT keyworker if appropriate and that care and support plans are reviewed annually or as required. The inspector viewed a range of documentation in place relating to individual service users it was evident that agency staff participated in the review of service users.'

Staff training records viewed for 2016-17 confirmed all staff had completed the required mandatory update training programme. Staff stated that they felt that their training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required.

The inspector viewed three individual staff records and noted that a record of staff supervision and appraisal is maintained by the agency; records viewed indicated that staff are provided with very regular supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector could describe the benefits of individual supervision and appraisal.

The deputy manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. This could not be confirmed as records were unavailable on the day of inspection.

This matter is discussed in section 6.7 of this report.

Areas for improvement

An area for improvement was identified during the inspection pertaining to policy updates in compliance with safeguarding regional procedures.

	Regulations	Standards
Total number of areas for improvement	0	1

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 during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide. The Service User Guide contained some out of date information and this should be reviewed to reflect current arrangements.

The agency's record keeping and records management policy outlines the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. The inspector noted that staff had received training relating to record keeping, confidentiality and data protection.

Staff could describe the methods used to ensure that service users are supported to be involved in the development of their care plans.

Staff comments included:

- "Service users are involved in their care plans, their choice is very important".
- "Service users are safe, they know us well and know we are approachable".

Service users who met with the inspector stated that that they are involved in the development of their individual care plans and that their choices are reflected. During the inspection the inspector viewed a number of service user care records; it was noted that staff regularly record the care and support provided. Staff confirmed that there are three monthly reviews of care by the key worker. The inspector noted that staff have attended training in respect of record keeping.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Records confirmed that the HSC Trust multidisciplinary team collaborate with the staff team to ensure service users achieve appropriate care and support. Discussions with service users and staff, and observations of staff interaction during the inspection indicated that staff communicate sensitively with service users.

Areas for improvement

One area for improvement was identified during the inspection and refers to ensuring the service user guide reflects current arrangements.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care and support.

Observations made during the inspection and discussions with service users and agency staff indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe examples of how they support service users to enable them to live a more fulfilling life.

Discussions with the service users about their experiences living in Slievegrane were very positive with one person commenting:

- "I am very happy, best place ever".

The agency maintains records of care and support in each service users' care plan on which support staff record information. The inspector reviewed completed records during inspection and found good standards of recording.

Six returned questionnaires from service users indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care.
- Their views and opinions were sought about the quality of the service.

Comments included:

- "My needs are fully met".
- "I feel blessed to have such friendly and kind staff at Slievegrane".
- "I'd be hard pushed to leave here".

The inspector viewed minutes of tenant house meetings which confirmed that staff involve service users in decisions about social and daily activities and routines. The inspector was also shown communications from representatives of a former tenant who were extremely complimentary about the positive impact living in Slievegrane had been for their relative.

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
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.

During the inspection, the inspector was advised that the registered manager (Andrew McKeever) had been absent since April 2017. It was concerning to note that RQIA had not been notified of this absence and had not received any information regarding the management arrangements during this period.

The absence of a registered manager has the potential to impact on the provision of safe, effective and compassionate care and the inspector was not assured of a robust system of leadership or governance. The inspector was also advised of the absence of other management staff in recent months and whilst registered managers of other services within the SEHSCT have offered support and guidance to staff, these arrangements had not been notified to RQIA, nor had they been approved.

RQIA has written to the registered person seeking an update in relation to the management arrangements of this regulated service and will keep these under review.

On the day of inspection a support worker was in charge of the agency; the manager of another regulated service provided by the Trust (domiciliary care agency) attended the inspection from 10.45 and the deputy manager attended from 12.30.

The inspector examined the agency's quality monitoring systems; quality monitoring reports for the period after August 2017 were not available for review. The deputy manager advised that quality monitoring visits had been undertaken by a senior manager however these records have not been made available to the inspector.

This is an area for improvement and monthly quality monitoring reports are to be submitted to RQIA on a monthly basis until further notice.

The agency's complaints policy records the procedure for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received.

Service users who spoke to the inspector could describe the process for making a complaint. The inspector viewed records of two complaints which were appropriately managed and investigated.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff had a clear understanding the responsibilities and requirements of their job roles; service users were aware of staff roles and knew who to talk to if they had a concern. Staff demonstrated that they had an understanding of the agency's whistleblowing policy and could clearly describe the procedure for obtaining support and guidance.

Areas for improvement

- Notice in writing must be given to RQIA of the absence of the registered manager for a continuous period of 28 days or more.
- The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. The registered person must submit to RQIA on a monthly basis, reports of quality monitoring undertaken in accordance with regulations.

	Regulations	Standards
Total number of areas for improvement	2	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 15 December 2017</p>	<p>The registered person shall ensure that notice in writing is given to RQIA of the absence of the registered manager for a continuous period of 28 days or more.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken:</p> <p>There has been regular correspondence with RQIA, in the form of an FO8 since, the 02/08/17, highlighting the absence of the Registered Manager. Management cover has been provided by the Deputy Manager and a Registered Manager from a similar supported Living Facility elsewhere in the Trust.</p> <p>A full time manager has been appointed on a temporary basis since November 2017 to fulfill the role of the Registered Manager.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 23(1) (2) (3)</p> <p>Stated: First time</p> <p>To be completed by: 7 December 2017</p>	<p>(1)The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding-</p> <p>(i) what services to offer them, and</p> <p>(ii) the manner in which such services are to be provided; and has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority. Ref: 6.7</p> <p>Response by registered person detailing the actions taken:</p>

	<p>The Registered Manager and Service Manager will together provide an assurance on the quality of services provided to residents. Monthly monitoring visits will be rigorously conducted by the service manager and reports from these visits will be retained at Slievegrane. The reports will be completed within five working days of each visit. Senior Management will ensure reports are completed and are made available, to include the Community Mental Health Services Manager.</p> <p>The Registered Manager will be facilitated with monthly supervision and support to underpin the provision of quality services.</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 14.1</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person ensures that the procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Current Safeguarding Adults Policy and Referral documentation are in place and are being used by Slievegrane staff. Check completed 19.2.17</p>
<p>Area for improvement 2</p> <p>Ref: Standard 2.2</p> <p>Stated: First time</p> <p>To be completed by: 21 December 2017</p>	<p>The registered person ensure that the service user guide is updated to reflect current arrangements and in accordance with minimum standards.</p> <p>Ref:6.3</p> <p>Response by registered person detailing the actions taken: There is a comprehensive and up to date service user guide now in place.</p>

Please ensure this document is completed in full and returned via Web Portal



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