

# Unannounced Care Inspection Report

## 12 October 2016



## Slievegrane

**Domiciliary Care Agency/Supported Living Service**  
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**Tel no: 028 4483 9959**  
**Inspector: Rhonda Simms**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Slievegrane took place on 12 October 2016 from 9.30 to 16.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the care was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

During the inspection the inspector found evidence which indicated delivery of safe care. Examination of the staffing arrangements showed that the agency maintains a provision of appropriately trained and supervised staff who understand the needs of service users. Staff provided feedback that the registered manager is approachable and accessible for consultation.

The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. The arrangements for the provision of care and support include appropriate involvement of service users, the HSC Trust and relatives where appropriate. The inspector found evidence of positive outcomes for service users through a process of person centred assessment, and review of needs and preferences.

### **Is care effective?**

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users are involved in the development of care and support plans which are appropriately reviewed. The agency maintains effective communication with service users, relatives where appropriate, and key stakeholders, particularly the HSC Trust.

The quality monitoring arrangements include consultations with service users, their representatives, and the HSC Trust, and provide a system of audit.

### **Is care compassionate?**

During the inspection the agency was found to be delivering person centred compassionate care. The inspector observed interactions between staff and service users and received feedback from service users which indicated that choice and respect of service users are upheld through service delivery. There was evidence which indicated that the views and wishes of service users are consistently sought by staff on a day to day basis, in addition to formal processes such as monthly quality monitoring and an annual service user survey.

### **Is the service well led?**

During the inspection competent delivery of a well led service was found. Management and governance systems have been effectively implemented at the agency to ensure that the needs of service users are met and quality improvement systems are maintained. Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure. Staff have access to a manager at all times. Close working relationships with the HSC Trust have contributed to positive outcomes achieved with service users.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Andrew McKeever, registered manager, as part of the inspection process and can be found in the main body of the report.

## 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Hugh McCaughey South Eastern HSC Trust	<b>Registered manager:</b> Andrew McKeever
<b>Person in charge of the service at the time of inspection:</b> Andrew McKeever	<b>Date manager registered:</b> Andrew McKeever - 29/06/2016

## 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA.

During the inspection the inspector spoke with the registered manager, four support staff, five service users, two relatives, and one HSC Trust community professional. The inspector also spoke to two managers of community voluntary sector agencies who provide services to service users at Slievegrane.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; three were returned. At the request of the inspector, questionnaires were distributed for completion by service users; six were returned.

Feedback received by the inspector during the inspection process is included throughout this report.

The following records were examined during the inspection:

- A range of care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints file (no complaints received)
- Incident records
- Records relating to the safeguarding of adults
- Induction records
- Local induction programme, in the progress of review, 2016
- Staff rota information
- Recruitment policy 2016
- Supervision policy 2013
- Protocol for supervision of staff in supported living settings December 2015
- Induction policy 2012
- Policy for Safeguarding Vulnerable Adults December 2013
- Adult safeguarding operational procedures for adults at risk of harm and adults in need of protection (NIASP) 2016
- Good practice guidance on the assessment and management of risk 2015
- Incident policy and protocol 2015
- Whistleblowing policy 2014
- Complaints policy 2014
- Local protocol for the review and evaluation of support plans 2016
- Statement of Purpose 2016
- Service User Guide (under current review, to be forwarded to RQIA on completion).

#### **4.0 The inspection**

Slievegrane is a domiciliary care agency, supported living type service, which provides care and support to twenty six service users who have mental health needs. Service users live in a range of accommodation types and locations in Downpatrick.

#### **4.1 Review of requirements and recommendations from the last care inspection dated 11 November 2016.**

There were no requirements or recommendations made as a result of the last care inspection.

#### **4.2 Is care safe?**

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks.

Staff rotas and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The inspector noted that vacant shifts are covered by the current staff team, or a small group of HSC Trust bank staff, a number of whom previously held substantive posts with the agency. The staffing arrangements enable the agency to provide familiar staff to deliver care to service users. The inspector suggested that an amendment should be made to improve the clarity of the staff rota; this was undertaken following the inspection and an amended rota provided to the inspector.

It was noted that the agency has an induction policy and induction programme specific to the agency which includes a one week period of shadowing experienced staff, and familiarisation with policies, procedures and service users' details. The registered manager advised the inspector that this initial induction is followed by a period of working jointly with experienced staff. The inspector viewed an induction file for new staff which the registered manager is in the process of reviewing. The induction programme will include aspects of the NISCC induction programme. The inspector received feedback from staff which indicated that the induction period prepared them for their roles and responsibilities within the organisation.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards such as mental health recovery model training. The inspector viewed evidence of the registered manager's oversight of training, including audit through supervision. The inspector noted that monthly quality monitoring reports referred to an assessment of future staff training needs recently carried out by the registered manager. It was noted that records indicated staff meetings were used as an opportunity to further learning and reflection of practice.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. The inspector examined records which indicated that staff receive supervision in a range of forms, including one to one, group supervision, annual finance and medication competency assessments as appropriate to roles.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults. The inspector received feedback from staff which indicated that safeguarding training provided by the agency includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

The agency has appointed a safeguarding champion who is available for consultation. Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability.

The registered manager discussed a safeguarding referral made to the HSC Trust; records made in relation to the referral were reviewed by the inspector. It was noted that an appropriate protection plan as agreed with the HSC Trust was in place.

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The inspector examined referral and review arrangements with the HSC Trust which included risk assessments and care plans. It was noted that the agency maintains close

working relationships with the HSC Trust multi-disciplinary team who are available for consultation at short notice and can arrange reviews when needed.

The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Of questionnaires returned by staff, three indicated they were 'very satisfied' that care was safe. Of questionnaires returned by service users, six indicated they were 'very satisfied' that care was safe.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.3 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose and Service User Guide.

The inspector reviewed a range of service users' care and support plans. The inspector was informed that person centred care plans are developed with service users in conjunction with relevant assessments provided by the HSC Trust multi-disciplinary team. Feedback received by the inspector from staff and service users indicated that service users have a genuine influence on the content of their care plans. A number of service users have contacts with local voluntary sector agencies such as Mindwise, who can provide advocacy services.

#### Service users commented

- 'It's the cleanest place I've ever been, the staff help me keep it clean.'
- 'The staff are very good and very helpful.'
- 'I'll never have a complaint here.'
- 'The staff give me a lot of help.'

Records indicated regular evaluation and review of care plans, including involvement as appropriate with service users', and the HSC Trust. Staff described reviews of care plans which take place with service users on a three to six monthly basis with their key worker, and on at least an annual or when required basis with the HSC Trust. The inspector examined review records which clearly documented the views of service users and included their signatures. The inspector noted that records were maintained to a good standard in accordance with best practice guidance.

The inspector noted that the current care management arrangements indicate that service users do not have a planned annual care review with the HSC Trust after the age of 65. All service users continue to participate in three to six monthly care plan reviews with their key worker, and mental health reviews with the multidisciplinary team which include broad consideration of the care they receive from the agency. The registered manager undertook to clarify the situation

with the HSC Trust regarding care management reviews for service users who are over the age of 65.

The agency maintains a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by a dedicated senior manager who has the opportunity to develop a good working knowledge of the service. Quality monitoring reports examined by the inspector were completed in accordance with RQIA guidance, included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matters.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with relatives indicated that they have open lines of communication with staff and are confident that they will be responded to appropriately. A relative commented that they make weekly contact with staff, and know the key worker well, 'if there is any problem I know it would be dealt with'.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users appeared to enjoy good relationships with staff. A service user commented that they had weekly one to one time with their key worker. Another service user commented that the staff encouraged them to do things they did not feel motivated to do, and that this had been helpful.

Communications systems maintained by the agency provided evidence of effective communication, including a complaints and compliments process, tenant meetings, quality monitoring reports, and regular care plan reviews between keyworker and service user. Review of tenant meeting minutes showed discussion of suggestions made by service users, which were acted upon. A notice board in the dining room used by service users contained information which could be of interest to them.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users. Staff participate in daily verbal handovers and use written communication methods such as a diary. It was noted that staff meeting minutes recorded the discussion of relevant topics, and included dissemination of appropriate information including policies and procedures.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with the HSC Trust and understands when to refer to or consult with a range of appropriate professionals. The HSC Trust multidisciplinary team works in close partnership with agency staff, particularly a psychiatrist and an occupational therapist who visit the agency on at least a weekly basis. The occupational therapist spoke with the inspector and described providing a range of recovery focused individual and group assessments and interventions in response to referrals from agency staff. The registered manager advised the inspector that agency staff and service users can request contact with the psychiatrist who provides a very flexible and responsive service to the agency.

The inspector received feedback from the managers of two voluntary sectors services who have frequent contact with staff and/or service users who receive services from the agency. Both managers indicated having effective lines of communication with the agency, one commented, 'there is a very helpful, very supportive mutual exchange of information, with the client's agreement'.



Of questionnaires returned by staff, three indicated they were 'very satisfied' that care was effective. Of questionnaires returned by service users, six indicated they were 'very satisfied' that care was effective.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.4 Is care compassionate?

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

The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service. Discussion with staff and observation of their interactions with service users during the inspection showed that staff understand and respect the needs and wishes of service users.

#### Service users commented:

- 'The staff treat me good, they generally treat me with respect.'
- 'I've never been so happy.'
- 'They look after me.'
- The inspector received positive comments about the agency from managers of community voluntary sector services:
- 'Service users have freedom to express how they are feeling.'
- 'Service users talk very positively, they are well supported...the staff are flexible.'
- 'Service users seem really happy and content.'
- 'Some service users have moved on to more independent living, they have gone from strength to strength.'

Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. Service users who spoke with the inspector described participating in a range of local community activities, personal interests, and family relationships. Staff who spoke with the inspector had a good understanding of the needs of service users and were tuned into the impact of mental health problems on the lives of individual service users. It was noted that service users commented on how staff encouraged them to make choices and participate in activities which could lead to an enhanced quality of life and improved mental health:

- 'They keep me busy, it keeps my mood happy.'
- 'They helped me tidy my room, I can sleep better.'
- A service user commented, 'I wish there was more to do'.
- An HSC Trust community professional commented, 'The staff are very tuned in to individual needs, this is reflected in practice'.



Examination of tenant meeting minutes indicated that the agency seeks to encourage service users to provide ideas for discussion and participate in activities which could promote wellbeing. The inspector was provided with positive feedback about a recent trip enjoyed by a majority of service users and planned through the tenant meeting. The registered manager described how funding for equipment provided by the agency, which has provided increased choice, social opportunities, and activities for all service users who wish to avail of it. The inspector was informed that the provision of this equipment has led to a number of planned and spontaneous activities organised by service users.

The inspector noted that written information is provided to service users through a notice board, and a service user information pack provided to all service users which includes information leaflets on a range of issues including safeguarding, access to records, how to provide service user feedback, and other sources of support.

An inspector received feedback from relatives which indicated that the agency seeks and takes into account their views on an ongoing basis. Relatives who provided feedback to the inspector expressed confidence that they can discuss issues with the registered manager or keyworkers. The agency maintains formal processes to ascertain and respond to the views of relatives, such as monthly quality monitoring, review meetings (as appropriate) and an annual carer survey.

### Service users comments

- 'The staff are pretty good.'
- 'It's a nice place to live.'
- 'I feel safe.'

### Relatives' comments

- 'I'm happy with the service, I have no concerns.'
- 'I'm very happy there is such a place.'
- 'I'm very happy with the care and support (the staff give).'

Of questionnaires returned by staff, three indicated they were 'very satisfied' that care was compassionate. Of questionnaires returned by service users, six indicated they were 'very satisfied' that care was compassionate.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.5 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users. Feedback from staff, service users and relatives indicated that the management structure of the agency is clearly defined and understood.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of

risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA.

The agency operates a system to ensure that staff receive training relevant to their roles, including safeguarding training, and has an appointed safeguarding champion.

The agency maintains a comprehensive range of policies and procedures; most of those sampled by the inspector were reviewed at least every three years. The inspector noted that the agency induction policy was last reviewed in 2012. The registered manager showed the inspector the agency specific induction programme, which is in the course of being reviewed to reflect current job roles and NISCC standards. Policies and procedures are maintained on an electronic system and paper copies accessible to all staff.

The agency maintains and implements policy relating to complaints and compliments. The inspector noted that no complaints were received during the reporting period of 1 April 2015 to 31 March 2016.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. There are effective systems of formal and informal supervision and consultation, both inside and outside of normal working hours. Staff that provided feedback to the inspector were informed of their responsibilities and understood their roles. Written and verbal guides to daily roles and responsibilities were available to staff on a daily basis.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust. The inspector was informed of a recent event organised by the agency in collaboration with voluntary and statutory agencies which involved the promotion of mental health awareness in the community. This event reflected the involvement of service users and was reported in the local press. It was evident to the inspector that effective partnership working with Trust professionals, local community voluntary sector agencies and relatives has resulted in positive outcomes for service users.

Of questionnaires returned by staff, three indicated they were 'very satisfied' that care was well led. Of questionnaires returned by service users, six indicated they were 'very satisfied' that care was well led.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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