Unannounced Care Inspection Report
29 January 2019

Slievegrane

Type of Service: Domiciliary Care Agency
Address: 2A Ardglass Road, Downpatrick, BT30 6JG
Tel No: 02882244001
Inspector: Michele Kelly

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 HSC Trust **Responsible Individual:** Mr Hugh Henry McCaughey	**Registered Manager:** Mrs Fiona McVeigh
Person in charge at the time of inspection: Mrs Fiona McVeigh	**Date manager registered:** 12 February 2018

4.0 Inspection summary

An unannounced inspection took place on 29 January 2019 from 09.15 to 15.45.

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 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 governance and the provision of compassionate care and the involvement of service users

Service users said that staff were very respectful and always caring. They enjoyed their lifestyle in Slievegrane.

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 Fiona McVeigh, 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 November 2019.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 November 2019.

5.0 How we inspect

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

- discussion with the 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

The following records were viewed during or following the inspection:

- Service users' care records including risk assessments and reviews
- Incident records
- Monthly quality monitoring reports
- Minutes of tenant meetings
- Staff induction records
- Staff training records
- Records relating to staff supervision and appraisals
- Staff rota information
- Safeguarding policy (2018)
- Recruitment policy (2018)
- Statement of Purpose (2019)
- Service user guide (2019)

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

The inspector requested that the person in charge place a 'Have we missed you"' card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

During the inspection the inspector met with five service users and three staff.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 7 November 2017.

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 7 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 27 (1) (b) **Stated**: First time	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. Ref: 6.7	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed that changes in respect of those in the role of registered manager of the service had been notified to RQIA.	
Area for improvement 2 **Ref:** Regulation 23(1) (2) (3) **Stated**: First time	(1)The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. (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,	**Met**

	the agency- (a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding- (i) what services to offer them, and (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 (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	
	Action taken as confirmed during the inspection: Inspector confirmed that monthly monitoring of working practices and regular consultation with service users and representatives is undertaken by senior managers within the South Eastern Health and Social Care Trust (SEHSCT).	
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 14.1 **Stated**: First time	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. Ref: 6.4	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed 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.	
Area for improvement 2 **Ref**: Standard 2.2 **Stated**: First time	The registered person ensure that the service user guide is updated to reflect current arrangements and in accordance with minimum standards. Ref:6.3	**Met**
	Action taken as confirmed during the inspection: The inspector confirmed that the service user guide has been updated to reflect current arrangements and in accordance with minimum standards.	

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 the 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.

Staff recruitment is co-ordinated and processed by the SEHSCT human resources (HR) department. Documentation viewed and discussions with the manager indicated that the agency has robust recruitment systems to ensure that staff are not provided for work until required pre-employment checks as outlined within the minimum standards have been satisfactorily completed and verified.

Discussions with the manager indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual service users. The agency's staffing levels at night have been increased in response to incidents and these matters were discussed with the inspector.

The community services manager also discussed an incident with the inspector following the inspection and the inspector was satisfied that appropriate procedures had been followed

The agency's training and development policy outlines the induction programme lasting at least three days, which is in accordance with the regulations. Records viewed and discussions with the manager showed how that staff are required to attend corporate induction training and are required to complete induction competency documentation The agency retains a record of the induction programme provided to staff; documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved

by staff. The manager or nominated deputy is required to sign all records to confirm that the staff member has been deemed competent at the end of the probationary period.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervision and appraisal. Records viewed indicated that staff are provided with supervision and appraisal in accordance with policy and procedure.

The agency's policy and procedures in relation to safeguarding adults was reviewed. The agency has 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'.

The 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 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.

It was identified that the agency maintains an individual record for all staff detailing dates of training completed and details of registration status with relevant regulatory bodies such as Northern Ireland Social Care Council (NISCC).

The agency has a system in place for managing staff training; the manager could describe the process for identifying gaps in training in conjunction with the organisations training department. Staff are required to complete required mandatory training and in addition a range of training specific to the needs of individual service users.

The manager demonstrated a clear understanding of safeguarding issues; and could describe the procedure to be followed which is in accordance with the agency's policy and procedures.

Training records viewed by the inspector indicated that staff had received training in relation to safeguarding. From training records viewed staff are required to complete safeguarding training during their induction programme and a classroom based update two yearly.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's risk management policy outlines the procedure for assessing and reviewing risk; it details that comprehensive risk assessment and safety management plans are required to be completed in conjunction with service users. Service users are supported to participate in an annual review involving their HSC Trust keyworker and that care and support plans are reviewed annually or as required.

A number of service users have more frequent reviews in conjunction with their identified HSC Trust representative due to the nature of their individual needs.

The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly review arrangements include an audit of risk assessments and any practices deemed to be restrictive. The inspector noted in monthly monitoring reports that a review of practice in relation to the use of a communal kitchen at night had been highlighted for

action by a senior manager. This matter will be revisited at inspection during the RQIA inspection year 2019/2020.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to induction, training, supervision and appraisal; adult safeguarding, reviews and management of risks.

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 during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide which were emailed to the inspector following the inspection and reflect current arrangements within the service.

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 identified that staff had received training relating to record keeping, confidentiality and data protection.

The inspector examined two service users' care records and found these to be detailed and reflective of the individuals' preferences.

The manager advised that care reviews with the HSC Trust representatives were held at least annually or as required and that care and support plans were updated to reflect changes agreed at the review meetings.

The agency had quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, representatives and staff.

It was clear from discussions with service users and relatives that the staff had a good knowledge of the service users' needs and preferences. There was evidence in records reviewed that staff had collaborated with the wider SEHSCT multidisciplinary team to minimise any challenging behaviours and risks.

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

The culture and ethos of care was found to promote dignity, respect, independence, rights, equality and diversity. This was reflected through the care records, monthly monitoring reports and consultation with service users and their representatives.

The review of the care records identified that the service users had information within their records that outlined what was important to them and what they wanted people to know about them.

Participation in activities in the local and wider community was encouraged, with appropriate staff support. This was mentioned by service users who spoke to the inspector and praised the support they get from staff to access meaningful hobbies and activities.

The agency maintained a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring visits and reports which specifically ascertained and included the views of the service users and their representatives.

The service users consulted with informed the inspector that they were encouraged to raise any concerns they may have. The inspector was invited to visit three properties within the agency and noted the high standard of décor within communal living areas. The bathrooms in one of the properties required updating and the deputy manager who is the senior member of staff in this property, confirmed this had been highlighted to the landlord.

The views of services users and their representatives were also sought as part of the monthly quality monitoring process.

During the inspection, the inspector spoke with five service users, who appeared relaxed and happy with staff members on duty. The inspector also spoke with three staff members on the day of inspection and had a telephone conversation with a community services manager following the inspection.

Some comments received are detailed below:

Service Users

- "We are treated very well and with respect."
- "Staff here have been very good to me."
- "I have choice in what I do here on a daily basis."
- "Brilliant staff very caring and supportive."

Staff

- "They are very well looked after, service users are very happy we always put them first."
- "Slievegrane provides great opportunities for service users."

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 noted that some areas could have more regular and frequent meetings and the manager agreed to ensure this.

At the request of the inspector, the manager was asked to issue ten questionnaires to the service users and their representatives. No questionnaires were returned.

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.

The inspector reviewed the management and governance systems in place within the agency to meet the needs of the service users; it was identified that the agency has effective systems of management and governance in place.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement; discussion with the manager and a review of relevant records following the inspection evidenced that all areas identified in the action plan had been addressed.

Staff and service users were aware of the organisational structure of the service and were aware of who to contact should they have any concerns.

The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the manager in positive terms, comments included:

Staff

- "All the staff feel Fiona is a good leader."
- "I am very supportive of the new manager."

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.

The manager stated that all staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other regulatory bodies as appropriate. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the human resource department. Records viewed by the inspector indicate that all staff are registered appropriately.

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. The agency's premises are suitable for the operation of the agency as described in the Statement of Purpose (2019).

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed. The agency's complaints policy clearly outlines the procedures and timescales for managing complaints. Staff had received training in relation to complaints management during their induction; discussions with the manager and staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was identified from records viewed that the agency has received no complaints since the previous inspection.

The inspector 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 inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Discussions with the manager highlighted evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- safeguarding
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment
- active support
- disability awareness

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust representatives, families of the service users and staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of 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.

The Regulation and Quality Improvement Authority

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