

# Unannounced Care Inspection Report

## 22 October 2019



## Slievegrane

**Type of Service: Domiciliary Care Agency**  
**Address: 2A Ardglass Road, Downpatrick, BT30 6JG**  
**Tel No: 02844839959**  
**Inspector: Joanne Faulkner**

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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

Slievegrane, is a domiciliary care agency supported living type located in Downpatrick. Agency staff provide care and support to a number of service users living in shared accommodation and to service users living in flats within the local community. The service users have a range of enduring mental health needs.

The agency's aim is to provided care and support to service users, this includes assisting service users with personal care needs, meals, medication, housing support and assistance to access community services with the overall goal of promoting independence and maximizing the quality of life.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> South Eastern HSC Trust (SEHSCT)  <b>Responsible Individual:</b> Seamus McGoran (acting)- no application required	<b>Registered Manager:</b> Cara McCarron (Acting)
<b>Person in charge at the time of inspection:</b> A manager from another of the HSCT's registered services	<b>Date manager registered:</b> Acting- no application required

### 4.0 Inspection summary

An unannounced inspection took place on 22 October 2019 from 10.00 to 15.30.

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, the Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017, and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are promoted and protected. This means we will seek to view evidence and assurances from providers that they have and will take all reasonable steps to promote people's human 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. Service users should 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.

There were examples of good practice identified throughout the inspection in relation to the agency's processes for staff supervision/appraisal, training and adult safeguarding. The care records were noted to be person centred and well maintained and there was evidence of effective communication with relevant stakeholders. There was evidence that care and support was provided in an individualised manner. The culture and ethos of the agency promoted treating service users with dignity and respect and maximising their independence. There was evidence of effective governance and management systems in place.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of equality, choice, care planning, decision making, confidentiality and effective service user engagement.

No areas from improvement were identified during this inspection.

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 inspector would like to thank the person in charge, the service users, the HSCT representative and staff for their support and full co-operation throughout the inspection process.

#### 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 29 January 2019

No further actions were required to be taken following the most recent inspection on 29 January 2019.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence/information received by RQIA since the previous inspection

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

- discussion with the person in charge
- examination of records
- consultation with two service users and three staff
- consultation with one HCST representative
- evaluation and feedback

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referenced within the report.

At the request of the inspector, the person in charge was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means

regarding the quality of service provision; no responses were received prior to the issuing of this report.

Ten questionnaires were provided for distribution to the service users and their representatives; four responses were received prior to the issuing of this report. Three of the respondents indicated that they were satisfied or very satisfied that the care provided was safe, effective and compassionate and that the agency was well led. One respondent indicated that they were not satisfied that care was safe, effective or well led; no contact details or additional information was provided. The inspector discussed this matter with the agency prior to the issuing of the report.

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 spoke with the person in charge, two service users, three staff members and a HSCT representative who was visiting a service user. Feedback received by the inspector during the course of the inspection is reflected throughout this report.

## 6.0 The inspection

### 6.1 Inspection findings

#### 6.2 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

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

The organisation's recruitment policy outlines the process for ensuring that required staff pre-employment checks are completed. The person in charge stated that staff recruitment is managed and co-ordinated by the organisation's Human Resources (HR) department in conjunction with the Business Services Organisation (BSO). Details of all information relating to individual staff recruitment is retained by the HR department.

Discussions with the person in charge indicated that they had an understanding of the recruitment process. They stated that staff are not provided to deliver care and support to service users until all required pre-employment checks have been satisfactorily completed. It was noted that the manager receives notification from HR department when staff are ready to begin employment.

Discussions with the person in charge, staff and records viewed indicated that the agency's induction programme is in excess of the three day timescale as required within the domiciliary

care agencies regulations. The agency has a proforma that all new staff must complete; it includes areas such as incident/accidents, confidentiality, health and safety, support planning, policies and procedures. In addition, staff are required to complete E learning in a range of areas. One staff member who has recently completed the induction programme stated, "My induction was very thorough; I have never been as well trained."

Staff who spoke to the inspector talked positively about their induction and indicated that it had provided them with the knowledge and skills to meet the needs of service users. Staff indicated that shadowing staff employed by the agency provided them with the opportunity to become familiar with the needs of individual service users and ensured that service users were introduced to new staff prior to them providing care.

It was noted that the agency aims to provide supervision/ appraisal to staff in accordance with the timescales as outlined in their procedures. Records viewed during the inspection provided evidence that staff had received supervision/ appraisal and finance competency assessments in accordance with their procedures. It was noted that a staff are receiving training in relation to a new medication administration system recently introduced.

The agency has a system for ensuring that staff are registered appropriately with the relevant regulatory body. The agency retains details of the registration status and expiry dates of staff required to be registered with the Northern Ireland Social Care Council (NISCC). The person in charge stated that the information is checked quarterly and also at individual staff supervision and appraisal. It was noted that the information is also monitored by an administrator and staff are alerted when their registration is due to be renewed. The person in charge stated that staff are not supplied for work if they are not appropriately registered. Records viewed indicated that all staff were registered appropriately.

Staff could describe the process for identifying their training needs and their responsibility for ensuring that training updates are completed. It was noted that 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 had equipped them with the knowledge and skills for their role and stated that additional training received supported them in improving the quality of care they provided. Staff demonstrated that they had a clear understanding of service users' human rights.

The inspector viewed the agency's system for recording training completed by staff; it was noted that the information was recorded in a well organised and detailed manner. Records viewed indicated that staff had completed relevant training. Records viewed and feedback received evidenced that staff complete training in a range of areas such as moving and handling, MAPA, domestic violence, diversity and human rights, medication and safeguarding adults, first aid, record keeping, and fire safety. In addition it was positive to note that a range of key areas are discussed during the initial induction training provided to staff such as equality, confidentiality, adult safeguarding and whistleblowing. Training records are reviewed by the person completing the quality monitoring audit.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge and staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the ASC and the process for reporting adult safeguarding concerns appropriately.

Staff are required to complete safeguarding training during their induction programme and required training updates thereafter. From training records viewed it was noted that one staff member was due to complete an update and a date had been planned.

The Adult Safeguarding Position report was not available for viewing during the inspection. The person in charge stated that they would liaise with the ASC to ensure that the report is completed prior to March 2020.

Service users who spoke to the inspector could describe what they would do if they had any concerns in relation to safety or the care and support provided. They indicated that they could speak to staff at any time and felt that their concerns would be listened to and appropriately addressed.

From discussions with the person in charge and records viewed relating to adult safeguarding it was noted that the agency has a process for maintaining a record of referrals made in relation to adult safeguarding. Records viewed and discussions with the person in charge indicated that no referrals had been made in relation to adult safeguarding matters from the date of the last care inspection.

Staff had a clear understanding of their responsibility in identifying and reporting actual or suspected incidences of abuse. They described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

Service users indicated that they had no concerns regarding the safety of care being provided by the agency's staff. They stated that new staff are introduced to them; this is felt to be necessary in terms of respecting the service users' dignity and respect. The service users stated that they could speak to staff at any time. Example of a comment made by a service user: "I am very happy here; nothing to worry about here."

Discussions with the person in charge and staff indicated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of individual service users. Discussion with staff during of inspection highlighted no concerns in regards to them having appropriate time to undertake their duties in accordance with individual service users' care plans. The agency do not access staff from another domiciliary care agency.

Discussions with staff and rota information viewed indicated that care and support is provided to service users by a core staff team to help provide continuity of care and develop positive relationships. Staff felt that this can have a positive impact on the service users' experience in accordance with their human rights such as privacy, dignity and respect. Staff raised no concerns in relation to the service users' needs being met. Staff can access guidance from senior managers out of hours.

The inspector noted that use of correction fluid within the agency's staff rota information; this was highlighted to the person in charge and assurances provided that this would be discussed with staff and ceased immediately.



The agency has an electronic system for recording details relating to any incidents/accidents. This information is reported to the organisations risk management department. A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. The agency has a system for identifying trends. The person in charge discussed additional measures that had been implemented to manage an identified risk relating to one service user.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The person in charge described the process for assessing and reviewing risk. Records confirmed that risk assessments and care plans had been completed in conjunction with service users and were appropriate their representatives.

Discussions with staff indicated that they were knowledgeable and informed, regarding the individual needs of service users'. Staff described the value they place on ensuring that service users are supported in a person centred manner, where their preferences, choices and views are considered. Staff could describe the importance of ensuring service users were encouraged to discuss any concerns they had and the need to balance risk with the choices and human rights of individual service users.

Service users stated that they could choose what they want to do and stated that staff respected decisions they make. Service users describe how staff support them and stated that staff talked to them about their care and support needs.

Staff and service users stated that they felt care was being provided in a safe manner. Staff could describe how they observe service users to identify any change in dependency, behaviour or risks and take appropriate measures to promote the safety and wellbeing of the service users. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

Information relating to service users was noted to be stored securely and presented in a well organised manner. Staff could describe the importance of storing confidential information in accordance with data protection guidelines.

The agency's office and staff room is located within the home of a number of service users and accessed via a shared entrance. It was noted that during the inspection records were stored securely and that computers were password protected.

## **Comments received during inspection process.**

### **Staff comments**

- "Very happy working here, manager supportive and we can raise concerns."
- "Induction was great."
- "It is the peoples own home; they have a good quality of life."
- "We have regular meetings and supervision and appraisal."
- "Never been more trained than here."
- "We encourage service users to integrate into community."
- "We help to keep them safe; such as checking smoke alarms regularly."



## Service users' comments

- "Staff are 200%, the place is well run."
- "I feel safe."
- "I have no concerns, I can speak to staff."
- "Very good place, can speak to staff at any time."

## Areas of good practice

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

## 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 inspector reviewed the agency's arrangements for appropriately responding to, assessing and meeting the needs of service users.

The organisation's data protection policy outlines the procedures for the effective creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be retained in an organised and secure manner.

Service user care records viewed included referral information, risk assessments and care plans. The review of the individual service user care records identified that they were individualised. Care plans viewed were noted to provide an account of care and support required. The person in charge stated that there are currently no practices deemed to be restrictive. Service users stated that they can make choices in relation to the care they received.

The person in charge could describe the methods used for supporting service users and to be engaged in the care planning and review processes. The inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided. The agency contributes to reviews involving the service users' HSCT community keyworkers as appropriate.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users, a HSCT representative and observations made evidenced that staff communicate appropriately with service users.

Service users who spoke to the inspector stated that that staff listen to them and respect their choices in relation to their care, support and daily activities.

Staff could describe the processes used to develop and maintain effective working relationships with relatives and other HSCT representatives as appropriate. The person in charge could describe the ongoing engagement with the HSCT community team in relation to one service user and an identified risks.

It was identified that the agency facilitates staff; the person in charge stated that they aim to meet quarterly. It was identified from minutes viewed that a number of key areas are discussed such as service user issues, restrictive practice, staffing arrangements and lone working. Staff stated that they can raise matters at the staff meeting. Service user meetings are facilitated; minutes viewed included comments made by service users.

Service users who spoke to the inspector stated they had no concerns regarding the conduct of staff providing the care and support.

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the quality of the care records and the agency's communication with service users, and where appropriate other key stakeholders.

### **Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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 inspector 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 information/training in relation to diversity, equality, human rights and confidentiality during their induction programme. Discussions with staff, service users and a HSCT representative, 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 and support is provided. Service users describes how staff respect their views and choices. During the inspection the inspector observed staff engaging with service users in relation to making choices regarding their daily routines.

Staff who spoke to the inspector described how service users can make choices about the care and support they receive. Service users stated that they can refuse any aspect of their

care and support. Staff discussed the risks that may arise due to choices made by service users and could describe the process for raising concerns with the person in charge in relation to any identified risks. The person in charge describes additional measures relating to an identified risk that had been put in place to reduce the risk.

Service users who spoke to the inspector indicated that they have choice and stated that staff respect their choices. Some comments received: "I have choice; I can do what I want."

Service user care records viewed were noted to outline the information relating to the needs of service users and their individual choices and preferences. During the inspection the inspector observed staff supporting service users to make decisions about their care and support. Staff stated that they aim to provide the care and support in an individualised manner; and described the processes used for effectively supporting service users in making informed choices.

Staff could describe the value of developing a good rapport with service users, and the need to be mindful of their individual wishes and preferences.

Staff spoken with commented:

- "Service users are asked what they want to do."
- "We try to promote independence; we help with managing monies and food."

The inspector discussed arrangements in place relating to the equity 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 in a safe and effective manner. It was identified that staff had been provided with equality awareness information during their induction programme. Staff could describe how their training equips them to engage with a diverse range of service users.

Discussions with service users and staff provided evidence that supports service users' 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
- promotion of effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- risk assessment and care planning

From records viewed and discussions with service users and staff it was identified that the agency has a range of methods for recording comments made by service users and/or their representatives. Records of care review meetings, daily recording, service user meetings and reports of quality monitoring visits indicated regular engagement with service users and where appropriate other relevant stakeholders.

The inspector noted that the agency's quality monitoring process has been further developed since the last inspection to ensure that it was more robust. It has assisted in the evaluation of the quality of the service provided and in identifying areas for improvement.

Staff, service users and the HSCT representative who contributed to the inspection indicated that they felt care was provided in a compassionate manner.

### Service users' comments

- "I am independent, everyone is doing their own activities."
- "I am feeling good."
- "I like my own room and my own space."
- "I keep myself to myself."

### Staff comments

- "We support service users to go out to play snooker and attend the Belfast Giants matches"
- "We know the service users well, we know when they are anxious about anything."
- "The service users have access to an advocate."

### HSCT representative's comments

- "I am happy with everything."
- "Staff are great at keeping me informed of changes. I think the staff manage the service users well."
- "I have no concerns, if I had I would ring RQIA."

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and the effective engagement with service users, and other relevant stakeholders with the aim of improving the quality of the service provided. There was evidence that the agency had arrangements in place for promoting human rights; this has led to more person centred outcomes for service users.

### Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 inspector reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is currently managed on a day to day basis by the acting manager supported by a deputy manager and a number of senior support workers and support workers.

Staff could describe the process for obtaining support and guidance. Staff who spoke to the inspector indicated that they felt they could approach the manager.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring and service user meetings.

The agency has a range of policies and procedures which are retained electronically and staff can access.

The agency's complaints policy outlines the process for managing complaints; discussions with the person in charge and staff indicated that they had an understanding of the actions to be taken in the event of a complaint being received. Service users could clearly describe the process for raising concerns or making a complaint.

Complaints are audited on a monthly basis as part of the agency's quality monitoring process. The agency has a process for maintaining a record of complaints received. It was noted from records viewed and discussions with the person in charge that the agency had received no complaints since the previous inspection.

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the person in charge indicated that the agency's governance arrangements promote the identification and management of risk. Systems include supervision of staff, monitoring of complaints, accidents and safeguarding referrals. Discussions with a HSCT representative indicated that the agency aimed to ensure that there were effective working relationships.

The inspector viewed evidence which indicated appropriate staff training, supervision and appraisal. The person in charge could clearly describe the rationale for regularly reviewing the quality of the services with the aim of improving the service provided.

Staff who spoke to the inspector had a good understanding of the responsibilities of their job roles. Service users who spoke to the inspector knew whom they should contact if they have any concerns regarding the service.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

The agency collects equality data of service users such as; age, gender, disability, marital status via their referral and care planning processes.

Following the inspection, the inspector viewed the agency's quality monitoring reports of the visits completed. Records viewed indicated that the process is effective. It was noted that an action plan is developed. Records viewed were noted to include comments made by service users, and where appropriate their representatives. The reports included details of the review of the previous action plan, review of care records, accidents/incidents, safeguarding referrals, and complaints.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s governance arrangements including the quality monitoring process.

**Areas for improvement**

No areas for improvement were identified in this domain 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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