

Inspection Report

04 September 2023



576 Carnhill

Type of service: Domiciliary Care Agency
Address: 572 - 576 Carnhill Estate, Londonderry, BT48 8BZ
Telephone number: 02871351878

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western HSC Trust	Registered Manager: Mrs Donna Tunney (Acting)
Responsible Individual/s: Mr Neil Guickan	Date registered: 15 August 2022
Person in charge at the time of inspection: Mrs Donna Tunney	
Brief description of the accommodation/how the service operates: 576 Carnhill is a supported living type domiciliary care agency operated by the Western Health and Social Care Trust (WHSC). The agency provides care and support on a 24 hour basis to service users with mental health needs who live in shared accommodation.	

2.0 Inspection summary

An unannounced inspection took place on 04 September 2023 between 9.30 a.m. and 3.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management was also reviewed.

Areas for improvement identified related to complaints management, quality monitoring reports, medication error management and training.

Good practice was identified in relation to service user involvement. Feedback from service users and staff on the day of inspection was positive.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement.

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

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 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I am happy living here."
- "The staff really help me every day."
- "I feel safe here."
- "I feel that the staff listen to me."

Staff comments:

- "My manager is very approachable."
- "There is a high standard of care for the tenants"
- "I have no concerns about this service."
- "My training is up to date."

There were no responses to the questionnaires or to the electronic staff survey.

A number of service user relatives' provided written feedback in relation to the service. This feedback indicated the relatives were satisfied with the care and support provided. The suggestions for improvement made by the relatives have been shared with the manager of the service.

Written comments included:

- “The manager has been a breath of fresh air since she joined Carnhill. She is a great communicator and has been a great addition to the team.”
- “My main concern, is the lack of regular activities to keep her stimulated.”
- “At this time the care is good but I think there is always room for improvement.”
- “The care provided by the staff at Carnhill is not consistently effective. Communication could be better between family and staff. I feel his care is well led and managed. I am often sent updates by management and keep up to date on his progress.”
- “I think the staff at Carnhill are compassionate and caring.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 30 January 2023 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure with regard to whistleblowing.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

The manager reported that none of the service users currently required the use of specialised mobility equipment. A review of the training matrix identified that manual handling training dates were not consistently up to date. An area for improvement has been made in relation to this finding, this will include other training identified in later parts of this report.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

Staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task. A review of the management of medication errors identified the lack of robust documentation of investigation, identification of causative and preventative measures. An area for improvement has been made in relation to this finding.

The Mental Capacity Act (MCA) (2016) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

On review of the training matrix, a number of Staff did not have an up to date Deprivation of Liberty Safeguards (DoLS) training recorded. An area for improvement has been made in relation to this finding and will be included in the area for improvement identified in earlier parts of this report. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and/or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

Whilst none of the service users had swallowing difficulties, the manager was able to confirm that training in Dysphagia was completed by all staff.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that one new member of staff had been recruited since the last inspection. The training completed by this staff member had not been included on the training matrix. An area for improvement has been made in relation to this finding and will be included in the area for improvement identified in earlier parts of this report.

All pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that the newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was an induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place and monitoring visits had been undertaken. The manager had not received or viewed the completed quality monitoring reports for several months. An area for improvement has been made in relation to this finding.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures

The agency's registration certificate was up to date and displayed appropriately.

The system for managing complaints was viewed. Complaints received since the last inspection, were not appropriately managed. An area for improvement has been made in relation to this finding

The Statement of Purpose and Statement of Purpose documents required updating. These documents will be reviewed at future inspections.

The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

There is a system in place that clearly directs staff as to what actions they should take if they are unable to gain access to a service user's home.

6.0 Quality Improvement Plan (QIP)/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.

	Regulations	Standards
Total number of Areas for Improvement	4	0

Areas for improvement and details of the QIP were discussed with Mrs Donna Tunney, Registered Manager (Acting) as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 15 (7) Stated: First time To be completed by: Immediately from the date of inspection.	<p>The registered person shall make arrangements for safe administration of medicines, this relates specifically to the management of medication errors.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Registered manager has reviewed the medication system in Carnhill and has issued a practice note to all staff regarding the safe administration of medication.</p> <p>Issues raised has been taken to the staff meeting 25/09/23.</p> <p>Updated administration of medication policy has been read and signed off by all staff.</p> <p>It will also become standard practice that all staff will complete a reflection piece should any further medication errors occur in Carnhill.</p> <p>James Quigley, pharmacist within Adult Mental Health has agreed to deliver a Medication Management session to staff in Carnhill by end October 2023.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 16 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection.</p>	<p>The registered person shall ensure that each employee receives training appropriate to their work. This relates specifically to a staff member not included on the training matrix and some staff members with training elements that are not in date.</p> <p>Ref: 5.2.1, 5.2.4</p> <p>Response by registered person detailing the actions taken:</p> <p>The registered manager has reviewed the Training matrix on excel spreadsheet and noted an issue with formatting; this has been raised with IT.</p> <p>In the interim, all documenting of training activity will revert to a visual wall chart that all staff can access and enter new training dates onto. This is now on display in the staff office.</p> <p>All mandatory and relevant training has been added to the chart for staff to be clear of all requirements.</p> <p>The registered manager has went through any training dates that are due or overdue and raised this with the individual staff member.</p> <p>The new staff member has been added onto the Carnhill team on electronic systems so the registered manager can view and approve all areas relating to this member and all staff.</p> <p>A new staff member checklist has been developed to ensure staff are added onto training matrix and informed of mandatory training of their area.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 22 (8)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection.</p>	<p>The registered person shall maintain a record of each complaint, including details of the investigation made, the outcome and any action taken.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken:</p> <p>The registered manager has re-issued the Complaints and compliments policy to all staff in Carnhill.</p> <p>This issue has been discussed with staff at recent team meeting 25/9/23 and will be a standing item on future meetings.</p> <p>There are copies of the complaints forms held on file for ease of access in the event of a complaint.</p>

	<p>A new complaints log has been devised for the front of the file for ease of identifying any complaint outstanding or requiring further action.</p> <p>A written response has been sent relating to the most recent complaint from MLA, on behalf of concerned constituent.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 23 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection.</p>	<p>The registered person shall maintain a system for evaluating the quality of the service</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken:</p> <p>The registered manager along with the counterpart managers in the Northern sector of the Western Trust have devised a schedule of visits.</p> <p>Each visit will take place within the first week of a new month and will be typed and uploaded to Sharepoint for inspection by the end of first week.</p> <p>Any difficulty in facilitating a visit will be highlighted and re-distributed amongst managers to occur within this timeframe also.</p> <p>Manager will contact with designated inspector for monthly monitoring within the first week of each month if no date for inspection has been given.</p>

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)