

# Unannounced Care Inspection Report 20 September 2018



## 576 Carnhill

**Type of Service: Domiciliary Care Agency**  
**Address: 572 - 576 Carnhill Estate, Londonderry, BT48 8BZ**  
**Tel No: 02871351878**  
**Inspector: Michele Kelly**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

576 Carnhill is a supported living type domiciliary care agency operated by the Western Health and Social Care Trust. The agency provides care and support on a 24 hour basis to twelve service users with mental health needs who live in shared accommodation.

## 3.0 Service details

**Organisation/Registered Provider:**  
Western HSC Trust

**Responsible Individual:**  
Dr Anne Kilgallen

**Registered Manager:**  
Ms Yvonne Marie Cairns.

<b>Person in charge at the time of inspection:</b> Ms Yvonne Marie Cairns	<b>Date manager registered:</b> 26 March 2018
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#### 4.0 Inspection summary

An unannounced inspection took place on 20 September 2018 from 09.45 to 15.45 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to service quality and care records and was supported through review of records at inspection and during feedback from service users, relatives, staff and professionals on inspection.

One area for improvement has been identified and refers to ensuring mandatory training requirements are met and records of training are available.

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
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Yvonne Cairns, registered manager, 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 31 July 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 31 July 2018.

#### 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
- any written or verbal communication received by RQIA since the previous inspection

During the inspection the inspector met with four service users and three members of staff. The inspector also had telephone contact with a Health and Social Care (HSC) Trust professional and one relative subsequent to the inspection.

The following records were viewed during the inspection:

- service users' care and support plans
- recording/evaluation of care records
- monthly quality monitoring reports
- tenants' meeting minutes
- staff meeting minutes
- staff induction records
- staff training records
- supervision and appraisal records
- Whistleblowing Policy
- Recruitment Policy
- Induction Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Statement of Purpose
- Service User Guide

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites 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 prior to the issue of the report. The manager was also asked to distribute ten questionnaires to service users/family members. One response was received prior to the issue of the report and the feedback was very positive in respect to safe, effective and compassionate care.

The inspector requested that the manager place a 'Have we missed you...?' card in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

The inspector would like to thank the service users and staff for their support and co-operation throughout the inspection process.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 31 July 2018

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 31 July 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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15(6)(12)  <b>Stated:</b> First time	(6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (a) specify the procedure to be followed after an allegation of abuse, neglect or other harm has been made; (12) The procedure referred to in paragraph (6)(a) shall in particular provide for— (a) written records to be kept of any allegation of abuse, neglect or other harm and of the action taken in response; and (b) the Regulation and Improvement Authority to be notified of any incident reported to the police, not later than 24 hours after the registered person— (i) has reported the matter to the police; or (ii) is informed that the matter has been reported to the police.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed evidence that the agency responds appropriately and refers to the relevant authorities in respect of incidents and or safeguarding matters.	

<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 6  <b>Stated:</b> First time	<p><b>6.—</b>(1) The registered person shall produce a written service user's guide which shall include—</p> <p>(a) a summary of the statement of purpose;</p> <p>(b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate;</p> <p>(c) a summary of the complaints procedure established in accordance with regulation 22; and</p> <p>(d) the address and telephone number of the Regulation and Improvement Authority.</p> <p>(2) The registered person shall supply a copy of the service user's guide to the Regulation and Improvement Authority and every service user and, upon request, to the service user's representative.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector reviewed the updated service user guide which was available within the agency and in accordance with regulation.</p>	<b>Met</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 5  <b>Stated:</b> First time	<p><b>5.—</b>(1) The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as "the statement of purpose") which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>(2) The registered person shall supply a copy of the statement of purpose to the Regulation and Improvement Authority and shall make a copy of it available on request for inspection at the agency premises by every service user and the service user's representative.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector reviewed the updated statement of purpose which was available within the agency and in accordance with regulation.</p>	<b>Met</b>
<b>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.1  <b>Stated:</b> First time	Newly appointed staff are required to complete structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures.	<b>Met</b>



	<b>Action taken as confirmed during the inspection:</b> the Domiciliary Care Agencies Minimum Standards, 2011.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 14.1 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector evidenced procedures in place for protecting vulnerable adults in line with regional protocols.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 12.7 <b>Stated:</b> First time	A record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff. The record includes: <ul style="list-style-type: none"> <li>the names and signatures of those attending the training event</li> <li>the date(s) of the training</li> <li>the name and qualification of the trainer or the training agency; and</li> <li>content of the training programme</li> </ul>	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector noted that there were gaps in records for mandatory training for some staff. While some staff had training scheduled there were other staff who did not have places booked as yet. This matter will be restated.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 13.3 <b>Stated:</b> First time	Staff have recorded formal supervision meetings in accordance with the procedures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Evidence of regular and formal supervision meetings with staff was available and up to date at the time of inspection.	

<b>Area for improvement 5</b> <b>Ref:</b> Standard 13.5 <b>Stated:</b> First time	Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Evidence that annual appraisal meetings with staff had taken place was viewed by the inspector.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 8.12 <b>Stated:</b> First time	The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector evidenced an annual quality service review (2017-2018) for the agency which involved stakeholders.	

### 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.**

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and in accordance with related regulations and standards.

The agency's staff recruitment process is managed by the organisation's human resources department (HR). Documentation viewed and discussions with the staff indicated that the agency has in place 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.

The agency's new induction policy details the induction programme provided; it is a robust process in excess of the three day timescale as outlined within the domiciliary care agencies regulations. Staff are required to complete an induction workbook based on the Northern Ireland Social Care Council's (NISCC) Standards for care workers.



Discussions with staff 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 registered manager confirmed that there had been recent staffing difficulties due to leave but presently staffing in the agency was at full compliment.

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

It was identified that the agency maintains an individual record for all staff detailing 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; staff could describe the process for identifying gaps in training in conjunction with the organisation's training department. However it was evident on the day of inspection that there were gaps in staff mandatory training. This area for improvement was stated at the last inspection of 31 July 2018 and will be restated.

From discussions and observations it was clear that staff were knowledgeable about the level of support required by each service user to ensure their safety, both while at home and when engaging in activities. Service users meet regularly with the staff member designated as key worker. There are regular meetings to discuss tenant issues, possible group activities, outings and relevant policy updates.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance.

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. Service users are supported to participate in an annual review involving their HSC Trust keyworker and that care and support plans are reviewed 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.

## **Comments received during inspection.**

### **Service users' comments**

- "Staff look after me very well."

### **Staff comments**

- "All training has been beneficial to date."
- "Training has prepared me well for the role."

- “Staffing has improved in recent weeks.”
- “Support plans are not just a paper exercise.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction and supervision and appraisal.

### Areas for improvement

All staff must attend mandatory training and full records must be available in the agency.

	Regulations	Standards
Total number of areas for improvement	0	1

#### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The agency's arrangements for responding to, assessing and appropriately meeting the needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely. The inspector noted that staff had received training relating to record keeping, confidentiality and data protection.

A review of four service users' person centred portfolios identified that they were comprehensive, personalised and reflective of the individuals' preferences.

Discussions with the staff indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by a range of other service managers and an action plan is developed if required.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Observations of staff interaction with service users during the inspection, discussions with service users and staff provided evidence that staff communicate effectively with service users.

Review of team meeting records indicated that team meetings took place on a regular basis; the staff who spoke to the inspector verified this and staff also informed the inspector that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that staff communication is good. The meeting minutes reflected an emphasis on the facets of recovery and evidenced that the manager was encouraging and supporting greater independence for service users.

Review of tenant meeting minutes by the inspector showed the views of service users are taken into account in planning and making decisions.

## Comments received during inspection

### Service users' comments

- "Staff are good, I have good independence."
- "Staff support me very well."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the people supported.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.6 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 tenants with dignity and respect; and to fully involve them and/ or 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 staff attitudes and the methods of the delivery of the service.

From discussions with service users during the inspection it appears that staff endeavour to provide care in an individualised manner and strive to ensure that service users are encouraged and supported to make informed choices. Records of service user meetings reflected the involvement of service users and contained comments/suggestions made by service users. The inspector was informed of a "one page profile" document which is being added to individual records. This document describes on one page the matters important to the service user and information designed to help carers communicate meaningfully with service users. Examples were available on the day of inspection and the inspector commends the person centred, easy read information which has been created in partnership with service users to address matters such as;

- "What people appreciate about me."
- "What is important to me."
- "How to support me."

The service users described to the inspector ways in which the staff treated them in a respectful manner and ways in which they were encouraged to be independent.

The inspector noted that staff had received training in human rights, restrictive practices and confidentiality.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. The service users who met the inspector discussed various activities including daily walks, outings and day care.

### Comments received during inspection.

#### Service users' comments

- "Staff are good company."
- "Staff are very kind, they look after me well."

#### Relative's comments

- "Staff have been very good over the years."
- "XXX gets on well with staff, care is 100%."

#### HSC Trust Representative comments

- "Clients are very contented and happy."
- "I am very happy with the service and I have no concerns."
- "The atmosphere in Carnhill is very good."

### 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
<b>Total number of areas for improvement</b>	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 arrangements in place within the agency to meet the needs of the individual tenants.

The organisational structure of the service was clearly reflected in the service user guide and was well understood by staff. The day to day operation of the agency was overseen by a service manager, and the agency provides care and support to 13 adults in 576 Carnhill. In addition the agency's on-call system ensured that staff could avail of management support 24 hours a day.

There was evidence of effective collaborative working relationships with families of service users and staff. Staff 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 'facility is well led' and 'manager is very approachable'.

The manager advised that there had been no complaints received from the last care inspection. Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the agency's own policies and procedures. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The inspector reviewed three monitoring reports and noted training had been considered up to date, however review of records demonstrated that there were gaps in mandatory training and an area for improvement has been made in Section 6.4.

The inspector discussed arrangements in place that related 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 manager advised that the agency does not seek any further equality information from the service users other than that provided by the commissioning HSC Trust. The data provided by the HSC Trust is used effectively and with individual service user involvement when a person centred care plan is developed. In addition, the manager confirmed that no complaints had been received with respect to equality issues from service users and/or their representatives.

On the date of inspection the registration certificate was up to date and displayed appropriately.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

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

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure

that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.

### **7.2 Actions to be taken by the service**

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



## Quality Improvement Plan

### Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12.7</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 20 January 2019</p>	<p>A record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff. The record includes:</p> <ul style="list-style-type: none"> <li>• the names and signatures of those attending the</li> <li>• training event</li> <li>• the date(s) of the training</li> <li>• the name and qualification of the trainer or the</li> <li>• training agency; and</li> <li>• content of the training programme</li> </ul> <p><b>Response by registered person detailing the actions taken:</b>  The Registered Manager will ensure all relevant manatory training will be up-to-date -:  - completed  - booked and training accomodated.  All staff informed of the Care Inspection Report - required to read, understand and requested to provide/offer feedback to Manager.  QIP recommendation was highlighted to all staff.  All individual staff training needs have been identified.  All staff issued with their HRPTS username and passwords again  Staff have commenced e-learning courses (ICT Notebook received on 22/10/18, which has provided flexibility and additional portal for training.)  Manager has contacted Relevant Training areas - where there has been no training available - highlight need and this training has been organised /booked.</p>
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***\*Please ensure this document is completed in full and returned via Web Portal\****



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