

Announced Inspection Report

24 August 2016



576 Carnhill

Domiciliary Care Agency/Supported Living Service
572 - 576 Carnhill Estate, Londonderry, BT48 8BZ
Tel No: 02871351878
Inspector: Rhonda Simms

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of 576 Carnhill took place on 24 August 2016 from 10.20 to 16.00.

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

Is care safe?

During the inspection the inspector found a range of evidence to indicate that the agency was delivering safe care. The agency maintains a stable provision of appropriately trained and supervised staff who understand the needs of service users. The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. It was noted that agency staff identify safeguarding concerns and refer appropriately to the HSC Trust. There are established systems of person centred assessment, and review of needs, wishes, and risks which contribute to the safety of care delivered to service users.

Is care effective?

During the inspection the inspector found a range of evidence to indicate that the agency was delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users are involved in the development of care and support plans which are reviewed regularly with HSC Trust professionals. The quality monitoring arrangements include consultations with service users/their representatives, and provide a system of audit and service improvement. The agency maintains effective communication with service users, relatives and key stakeholders including the HSC Trust. The inspector received feedback from service users and relatives which indicated that service provision had resulted in positive changes in the lives of service users.

Is care compassionate?

During the inspection the inspector observed interactions between staff and service users and received feedback from service users and relatives which indicated that the dignity and promotion of independence of service users are upheld through service delivery. There was evidence of the agency's maintenance of systems to ascertain service users' wishes and feelings, and involve them in decision making.

Is the service well led?

During the inspection the agency was found to be delivering a well led service where clear management and governance systems are maintained to meet the needs of service users and drive quality improvement. The inspector found that staff are aware of their roles, responsibility and accountability within the organisational structure. There are effective working relationships with key stakeholders including service users, relatives and the HSC Trust.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 25 August 2015.

2.0 Service details

Registered organisation/registered person: Western Health and Social Care Trust Elaine Way	Registered manager: Frances Jacqueline (Jackie) McCay
Person in charge of the agency at the time of inspection: Jackie McCay	Date manager registered: 30/08/2012

3.0 Methods/processes

Prior to inspection the following records were analysed:

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

During the inspection the inspector spoke with the registered manager, two support staff, eight service users, two relatives and an HSC Trust community professional.

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

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

The following records were examined during the inspection:

- A range of care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Service users' meeting minutes
- Service user survey information
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints and compliments records
- Incident records
- Records relating to safeguarding adults
- Induction records
- Staff rota information
- Records relating to recruitment processes
- Recruitment policy 2015
- Supervision policy 2013
- Operational Guidelines for Adult Safeguarding 2014 (Draft guidelines pending inclusion of regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015)
- Risk management strategy 2012 and policies relating to risk management
- Incident policy 2014
- Whistleblowing Policy 2015
- Policy relating to data management 2015
- Complaints procedure 2016
- Statement of Purpose 2016
- Service User Guide 2016.

4.0 The inspection

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.

4.1 Review of requirements and recommendations from the last care inspection dated 25/08/2015.

Last care inspection recommendations		Validation of compliance
Recommendation 1	Mandatory training requirements are to be met.	
Ref: Standard 12.3	This recommendation relates specifically to fire safety training.	

<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection:</p> <p>The inspector examined training records which showed that fire safety training has been undertaken.</p>	<p>Met</p>
<p>Recommendation 1</p> <p>Ref: Standard 1.3</p> <p>Stated: First time</p>	<p>Records are kept of comments made by service users and their carers/representatives regarding the quality of care delivered and the actions taken by staff in response to these comments.</p> <p>This recommendation refers to the agency's three monthly evaluation of care and support plans. Records maintained should clearly state that a review has taken place and reflect the views of the service user.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed records which showed that service user reviews are clearly indicated and contain the views of service users.</p>	<p>Met</p>
<p>Recommendation 1</p> <p>Ref: Standard 1.1</p> <p>Stated: First time</p>	<p>It is recommended that the values underpinning the standards inform the philosophy of care and staff of the agency consistently demonstrate the integration of these values within their practice.</p> <p>This recommendation refers to the arrangements in place to promote the service users' independence with regard to their receipt and management of utility bills. Utility bills currently underrepresent the true cost of utilities.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed records of correspondence and discussed the provider's progress with a review of utility costs within the agency and across the wider provider group.</p>	<p>Met</p>

4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process. The inspector was advised by the registered manager that the human resources department ensures that pre-employment checks are completed in accordance with regulations; a sample record of checks undertaken was reviewed by the inspector.

The inspector discussed staffing ratios with the registered manager and support staff. Examination of staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The inspector noted that flexibility of staff allows vacant shifts to be covered by the current staff team; this enables the agency to provide familiar staff to facilitate services to service users.

It was noted that the agency has an induction policy and induction programme of at least three days in accordance with Regulations. The induction arrangements include the suitable induction of temporary staff. The inspector received feedback from staff which indicated that the induction programme is effective in preparing staff for their roles and responsibilities within the agency. The inspector was informed that new staff are supernumerary for an initial two week period when they shadow experienced staff; this allows staff time to learn their role and enables service users to get to know new staff.

Records of training were reviewed by the inspector and it was noted that mandatory training and additional training which is beneficial to service users has been attended by staff. Some agency staff have received training in the mental health recovery model, Promoting Quality Care, and restrictive practices. It was noted that some staff have received additional training specific to the needs of individual service users. Staff provided positive feedback regarding the quality of training received.

Examination of records indicated that a system has been maintained to ensure that staff supervision and appraisals are planned and completed in accordance with policy. Staff receive quarterly one to one supervision with their immediate line manager, an annual appraisal, annual peer supervision relating to handling service users' monies, and annual individual medication competency assessments. Staff who provided feedback to the inspector commented on the ready accessibility of the registered manager for appropriate consultation, both inside and outside of her normal working hours.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults. Safeguarding training provided by the Western Health and Social Care Trust includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. A safeguarding champion has been appointed within the agency staff team at 576 Carnhill, and staff have ready access to the adult safeguarding team within the HSC Trust.

Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter. Staff who provided feedback to the inspector showed a good understanding of safeguarding issues and were clear regarding agency procedures.

The registered manager discussed a safeguarding referral to the HSC Trust where the agency responded promptly and fully to a safeguarding concern, implemented an appropriate protection plan, and continued to keep the matter under review. It was noted that the HSC Trust provided the agency with timely correspondence regarding the assessment and outcome of the referral.

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

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The agency operates within a risk management strategy and range of policies relating to risk management. The inspector examined appropriate risk assessments completed with individual service users in conjunction with the HSC Trust, which are regularly evaluated and reviewed. It was noted that the review arrangements with the HSC Trust multidisciplinary teams allow for flexible and regular review of service users as indicated by their level of need. Discussion with agency staff and examination of records indicated that the agency engages in positive risk taking and promotion of independence in conjunction with service users and the HSC Trust.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.3 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2016) and Service User Guide (2016).

The inspector reviewed a range of service users' care and support plans. Staff informed the inspector that care and support plans are developed with service users in conjunction with assessment information provided by HSC Trust professionals. Records and staff feedback indicated at least three monthly reviews of care and support plans by the key worker and service user, and at least annual review with the HSC Trust. The inspector noted that care and support plans were updated following review, in response to a change in the service users' needs or wishes. A staff member commented: 'We sit in partnership with the service user to review their care and support plan, and discuss what they want to do'.

Service users are informed of independent advocacy services should they wish to seek advice outside of the agency; contact details are displayed on a notice board.

The inspector examined a range of records maintained by agency staff in accordance with agency policy, legislation and standards. It was noted that records are clear, professionally written and include contribution from service users.

The agency maintains a system of quality monitoring to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by a registered manager who has knowledge of the service.

The quality monitoring system provides a good standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matters. The inspector noted that feedback from service users and their representatives included in quality monitoring reports was of a positive nature.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and relatives indicated that staff are approachable and open to communication. A relative commented: 'The staff are so open and accommodating, they listen to what you have to say.'

Service users and relatives provided feedback that they know who to go in the agency to discuss an issue or complaint and were confident of an appropriate response. A relative commented: 'They are very good at contact with the family.' Another relative commented: 'They worked together (with health care professionals) about changes in care'.

During the course of the inspection the inspector observed that service users appeared to have good relationships with the registered manager and staff and seemed to be comfortable about coming into the registered office. It was noted that staff communicated effectively with service users, in accordance with their individual needs and communication styles.

Complaints and compliments records, quality monitoring reports, care records, and the service user evaluation survey provided evidence of how the agency maintains records of comments made by service users and/or their representatives. Minutes of service users' meetings showed how service users have been involved in decision making processes over a period of time. It was evident from reading minutes that service users' meetings have been used to promote effective communication and build relationships between service users.

The inspector received feedback which indicated that the agency maintains effective methods of relevant communication and partnership working with key stakeholders. A HSC Trust professional described effective and timely communication between agency staff and the multidisciplinary team. On the day of inspection the inspector observed the practical application of effective partnership working between HSC Trust multidisciplinary professionals and agency staff, to the benefit of a service user.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care compassionate?

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

In the course of the inspection, the inspector found indications that the values stated in the Minimum Standards, including dignity, respect, independence, choice, rights, equality and diversity, were present in service delivery at 576 Carnhill.

The inspector observed staff interacting with service users in a manner which showed respect and promoted choice. Positive relationships between staff and service users were evident to the inspector; service users provided good feedback about how well they are treated by staff.

Comments by service users:

'The staff are angels, they bend over backwards.'
 'The staff look after everyone well.'
 'The staff are kind and good, they know me well.'
 'The staff are good at listening.'
 '(Key worker) is very good to me.'
 'The staff are always there, they've got to know me.'

Relatives' comments:

'The keyworker is amazing, so polite.'
 'I have nothing but good to say about the service.'
 'The staff look after ****, they love ****, they make sure **** has all they need.'
 'They (the staff) really do care.'

The inspector noted that service users were able to exercise choice regarding a range of daily decisions. Service users who spoke with the inspector described how they make their own decisions regarding their daily routine and where they choose to go.

Service users commented:

'The staff ask me 'what do you want'.
 'I can come and go as I please.'

It was evident through discussion with a range of stakeholders that service users are supported to set and achieve personal goals. The inspector found that service users are encouraged and supported to develop social inclusion by taking part in a range of community activities. An HSC Trust professional commented favourably on the individual and person centred nature of service delivery at 576 Carnhill.

Service users commented:

'(Key worker) takes me out and helps me with shopping, helps me to keep the place clean.'
 'The staff encourage me to do things, and now I feel a lot better.'

Relatives' comment:

'**** is able to care for themselves better.'
 'It (576 Carnhill) has definitely been another life chance for ****.'

Some service users provided feedback regarding how agency staff have facilitated them to maintain relationships with family, including spending time in the homes of relatives. It was evident on the day of inspection that family members are regular visitors at 576 Carnhill, a relative commented, 'I can call anytime, and the staff are very welcoming.'

The inspector received feedback from service users and relatives which indicated that the agency seeks the views of service users and representatives through the course of daily service provision, in addition to formally through monthly quality monitoring, service user meetings, review meetings, and an annual service user/relatives' survey. The agency maintains systems to evaluate the quality of service provided, in a manner which takes into account the views of service users and their representatives, through monthly quality monitoring reports and the annual survey.

The results of the annual service user/relatives' survey were presented to service users and a written summary placed on a notice board in an area frequently accessed by service users. It was noted that the survey elicited positive feedback, and that issues raised have been addressed by the registered manager.

Quality monitoring reports and service user meeting minutes document progress towards improvement in services. It was evident through service user meeting minutes that the views of service users are taken into account in decision making, for example, regarding the introduction of new service users to 576 Carnhill. A service user has participated in the recruitment of new staff, providing a service user voice during the interview process.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that the agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff, and policies are retained in the office used by staff daily.

The agency maintains and implements policy relating to complaints and compliments. The inspector noted that one complaint was recorded and satisfactorily resolved during the reporting period of 1 April 2015 to 31 March 2016.

The inspector saw evidence of review of information with the aim of improving quality of life for service users at 576 Carnhill. This includes the agency's governance of risk which includes appropriate policies and procedures, regular audit and learning from adverse incidents including safeguarding incidents and incidents notifiable to RQIA. The provider has in place a service improvement officer who has engaged with service users at 576 Carnhill.

The management structure of the agency is clearly defined and was well understood by staff and service users. Staff who provided feedback to the inspector were informed of their responsibilities and understood their roles. Written and verbal guides to roles and responsibilities were available to staff on a daily basis. There was evidence of regular and effective staff supervision and appraisal.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary (2016, 2016).

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders which are valued by staff. The inspector received positive feedback from an HSC Trust professional regarding the quality of service provision at 576 Carnhill.

Staff could describe lines of accountability and knew when and who to discuss concerns with. The inspector was informed that staff were confident that the registered manager would listen to and address their concerns. Staff described the registered manager as being approachable and willing to consider suggestions which could bring about positive change. Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. There are effective systems for formal and informal supervision; access to consultation with the registered manager and senior management is available inside and outside of normal working hours.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

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

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



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