

Announced Care Inspection Report 15 August 2017



Ballyclose House

Type of Service: Domiciliary Care Agency
Address: 11 Mill Place, Limavady, BT49 0BJ
Tel No: 02877764564
Inspector: Amanda Jackson

www.rgia.org.uk

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

Ballyclose House is a supported living type domiciliary care agency which provides care and support to twenty one service users with enduring mental health needs. The accommodation is owned by Apex Housing and consists of eight individual flats and a house for twelve service users with en suite bedrooms. Service users living in the house have access to a communal dining room, kitchen, and lounges. Services are provided by nine support staff, five of whom have nursing qualifications, and four support workers. Service users receive assistance and support to maintain a tenancy, budgeting, daily living skills, and involvement in the local community with the overall goal of promoting good mental health and an enhanced quality of life.

As the agency's registered office is situated within service users' homes, short notice of the inspection was given to ensure that disruption to service users would be minimised, and that staff would be available to meet the needs of service users during the inspection process.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual: Ms Elaine Way CBE	Registered Manager: Ms Ann Christine Ward
Person in charge at the time of inspection: Ms Ann Christine Ward	Date manager registered: Ms Ann Christine Ward - application not yet submitted

4.0 Inspection summary

An announced inspection took place on 15 August 2017 from 09.30 to 15.30 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.

A number of areas were identified for improvement and development. These included updating the trust adult safeguarding policy and procedure in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). Review of the complaints process has been identified for improvement in line with the required regulation. Introduction of the NISCC induction framework for new support staff was highlighted for review. Inclusion of all stakeholders within an annual quality review process and sharing of the annual review findings with all key stakeholders were identified as areas for improvement. Assurances were provided by the manager that the required improvements would be implemented post inspection.

Service users, relatives and professionals spoken with by the inspector, generally spoke positively of the service provided at Ballyclose House in regards to safe, effective, compassionate and well led care. A number of examples of good practice were highlighted and have been detailed within the report. One service user did highlight a complaint which had not been resolved to their satisfaction and this is referenced within the report.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with the 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 10 May 2016

No further actions were required to be taken following the most recent inspection on 10 May 2016.

5.0 How we inspect

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

- Previous inspection report
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

On the day of inspection the inspector spoke with the five service users who live at Ballyclose House to obtain their views of the service.

The inspector also spoke with the manager and two senior support staff, and observed the manager and support staff interacting with the service users.

On the day of inspection the inspector spoke two relatives and one professional, in person or by telephone to obtain their views of the service. The service users interviewed have received assistance with the following:

- Support with personal care
- Assistance with meals
- Social support
- Support with medication management
- Support with budgeting.

The following records were examined during the inspection:

- A range of policies and procedures relating to induction, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting.
- Three long term staff members' supervision and appraisal records
- Three long term staff members' training records
- Staff meeting minutes
- Three long term service users' records regarding review, reassessment and quality monitoring
- A range of service user home records
- Service user/tenant meeting minutes
- Three monthly monitoring reports
- Communication records with trust professionals through annual review.
- Statement of purpose
- Service user guide
- Staff handbook
- One complaint record.

No areas for improvement were identified at the last care inspection.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 May 2016

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

6.2 Review of areas for improvement from the last care inspection dated 10 May 2016

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The inspector was advised by five service users and two relatives interviewed that there were no concerns regarding the safety of care being provided by the staff at Ballyclose House. The

service has not introduced any recent new support staff to the service but has been using a few trust bank staff due to staff shortages. An introduction/induction process for the bank staff was reviewed. The inspector discussed reviewing this process alongside the current induction process for new staff to ensure staff competence is confirmed before commencing duties such as money management and medication administration. The manager provided assurances this would be reviewed post inspection.

No issues regarding the carers' training were raised with the inspector by the service users or relatives.

Service users and relatives interviewed confirmed that they could approach the support staff if they had any concerns. Examples of some of the comments made by the relatives are listed below:

- "xxx has settled well."
- "It's very good."
- "No issues."

Policies and procedures relating to staff recruitment and induction were held on site. The manager confirmed all policies are accessible on the trust intranet.

The manager verified all the pre-employment information and documents would have been obtained as required through the trust recruitment process. Review of staff recruitment records did not take place as staff are long term. Review of staff recruitment within other WHSCT regulated services confirmed compliance with Regulation 13 and Schedule 3.

An induction programme was reviewed with the manager and discussed with the two senior support staff regarding staff that come to work as bank staff at Ballyclose House. This process is recorded and signed off by the individual bank staff member but competence is not signed off by senior staff or manager. This process was recommended for review to ensure staff are confirmed as competent prior to undertaking support tasks which include money management and medication administration. The manager provided assurances the introduction process would be reviewed post inspection. The inspector discussed full implementation of the NISCC induction standards for all future staff given that staff registration with NISCC is now mandatory. An area for improvement has been stated.

Discussions with the manager and other support staff confirmed all staff members' are currently registered with NISCC and a system to review staff renewal of registration will be implemented. A system for checking staff renewal with NMC is not currently in place for senior support staff however senior staff confirmed this had been checked by the previous manager. A new manager is due to commence in the coming weeks and the manager at inspection provided assurances this would be discussed. A range of communication methods to be used by the agency to inform staff of their requirement to renew registration were discussed and will include discussion at staff meetings and through staff supervisions.

Staff spoken with during the inspection described their registration and revalidation process with NMC. Staff described what registration with NMC and NISCC entails and requires of staff on an ongoing basis.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The agency has not developed a revised policy in line with the Department of

Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'); an area for improvement has been stated. The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff spoken with at inspection were knowledgeable regarding their roles and responsibilities in regard to safeguarding but were not familiar with the new regional guidance and revised terminology which is currently being rolled out within trust training programmes. A date for update training was evidenced at inspection for late 2017.

The inspector was advised that the agency had no safeguarding matters since the previous inspection. Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing and were able to clearly describe the process. The adult safeguarding champion (ASC) was not detailed within the current policy and procedure which has been stated for review.

Staff training records viewed for 2016-17 confirmed all staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas. Training is facilitated through the HSC trust training team. Discussion during inspection with senior support staff confirmed satisfaction with the quality of training offered.

Records reviewed for three staff members evidenced mandatory training, supervision and appraisal compliant with agency policy timeframes. Full records of staff training in compliance with standard 12.7 have recently been held for staff and the manager confirmed this process is ongoing to ensure full and accurate records will be held in compliance with standard 12.7. Staff supervision and appraisals were found to be consistently referenced within staff records reviewed. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and good systems of daily communication.

The manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. Review of three service users' records evidenced ongoing review processes, records had not been signed by all people involved including the service users and this was recommended for review. Service users spoken with during inspection confirmed they are involved in annual reviews with the support staff and trust professionals. Review of service user support plans during inspection also supported a continuous review process at specified timeframes. Discussions with service users during inspection supported a process of ongoing review with service user involvement. The manager confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with trust professionals was discussed during inspection with one trust professional.

Service users and relatives spoken with by the inspector, discussions with staff and review of agency rotas suggested the agency have some ongoing staff recruitment requirements. Current staffing levels are being met by the agency's own staff and trust bank staff.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

One staff questionnaire received confirmed that update training, supervision and appraisal had been provided on a regular basis. One staff commented, ‘Ballyclose house provide comprehensive support and offers opportunities for self-development’. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

Two service user questionnaires supported they were ‘very satisfied’ with care and support provided within Ballyclose House. They felt safe and protected from harm and could speak with staff if they had concerns.

Areas of good practice

There were examples of good practice found during the inspection in relation to ongoing review of service users support needs, involvement of trust professionals and recording within the service. Staff training, supervision and appraisal procedures were also reviewed as satisfactory.

Areas for improvement

Two areas for improvement were identified during the inspection and included procedural updates in compliance with safeguarding regional procedures. Implementation of the NISCC induction standards is recommended as an area for improvement for all new staff.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

The inspector was informed by the five service users and two relatives interviewed that there were no concerns regarding the support being provided by the staff at Ballyclose House. One service user did raise the matters of a complaint which they did not feel was satisfactorily resolved. Service users also spoke of a lack of outings and a desire to go on holiday and these matters were discussed with the manager during inspection feedback. The manager confirmed the matter of holidays and outing has been an ongoing area for discussion due to resource constraints.

No issues regarding communication between the service users, relatives and staff from Ballyclose House were raised with the inspector. Reviews were discussed with service users who stated they were involved in reviewing their support needs on an ongoing basis with their keyworker and trust professionals. The manager confirmed service users, relatives and other stakeholders do not receive a questionnaire or survey to obtain their views on the service as part of the annual review process. Discussion with the manager confirmed an annual quality review of the service is undertaken in the context of service user’s reviews which includes all stakeholders. The inspector discussed standard 8.12 and the need to reflect service review on an annual basis. An area for improvement has been requested.

Examples of some of the comments made by service users, relatives and professionals are listed below:

- “We have a very good relationship with the staff.”
- “Communication is good.”
- “We work well together.”
- “It’s better than I expected.”
- “More choice around outings and a holiday would be good.”
- “Ballyclose has been a god send.”

Service user records included reviews completed by the agency annually or more frequently with the trust and evidenced that service users views are obtained and where possible incorporated. Review of support plans within the agency supported an ongoing inclusive process involving service users and keyworkers, the support plans had not been signed by the service users and this was recommended going forward. Involvement in reviews was confirmed with service users during inspection discussions.

The service user guide was reviewed during inspection and confirmed compliance in accordance with standard 2.2. As the service has not recently introduced new service users the process of issuing the guide could not be confirmed.

The agency maintains recording sheets in each service users’ home file on which support staff record their daily input. The inspector reviewed a range of completed records during inspection and found good standards of recording.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager if any changes to service users’ needs are identified. Staff interviewed discussed ongoing quality monitoring of service users’ needs to ensure effective service delivery. Staff described aspects of care and support which reflected their understanding of service users’ choice, dignity, and respect.

One staff questionnaire received by RQIA suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them. One staff commented, ‘Service users are at the core of all care/support provided in Ballyclose. Optimum focus on care, supporting recovery and social inclusion – providing a holistic view that focuses on the individual – not just their symptoms.’

Two service user questionnaires supported they were ‘very satisfied’ with effective care and support provided. They felt involved in care and support planning and reviews. One service user recalled being involved in their care review and receiving a copy of the support plan.

Areas of good practice

There were examples of good practice found during the inspection in relation to support provided by staff and communication between service users, agency staff and other key stakeholders.

Areas for improvement

One area for improvement was identified during the inspection in respect of the annual quality review process being inclusive of all stakeholders.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Two relatives spoken with by the inspector felt that care was compassionate. The relatives advised that support staff treat the service users with dignity and respect, and care and support provided is of a good standard.

Views of service users are sought through an annual review process as detailed under the previous section. Examples of some of the comments made by the service users and relatives are listed below:

- “Staff are fun and very helpful.”
- “I can always talk to staff about any concerns regarding my relative.”
- “It is a super place.”

The agency consistently implements service user quality review practices on an ongoing basis. Quality monitoring from contacts during monthly quality reports evidenced positive feedback from service users and their family members alongside trust professionals and staff feedback.

Discussion with the manager during the inspection confirmed no safeguarding matters had arisen since the previous inspection. Where issues regarding staff practice are highlighted via processes such as complaints or safeguarding, the manager discussed processes used to address any matters arising.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service users’ wishes, dignity and respect. Observations made by the inspector during the course of the day would support positive staff interactions with service users.

One staff questionnaire received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care. One staff commented, ‘Care delivered in Ballyclose is approached with the service user embedded in their recovery journey. Staff deliver high quality care and support – maximising service user’s strengths and empowering/facilitating service user involvement.’

Two service user questionnaires supported they were ‘very satisfied’ with the area of compassionate care and confirmed the care they received meets their needs and expectations.

Areas of good practice

There were examples of good practice found during the inspection in relation to the provision of compassionate care discussed by service users, relatives, and professionals and during staff discussions.

Areas for improvement

No area for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

All of the relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns were raised regarding the service or management by two relatives spoken with.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the manager, the agency provides domiciliary care/supported living to 21 adults living in Ballyclose House.

The Statement of Purpose and Service User Guide were both found to be compliant with the relevant standards and regulations. The agency's complaints information viewed was found to be appropriately detailed, including the contact information of independent advocacy services.

The policies and procedures which are maintained in paper format were reviewed and the contents discussed with the manager. The arrangements for policies and procedures to be reviewed at least every three years was not found to have been implemented consistently within those policies reviewed and this area was discussed with the manager for review post inspection. The manager confirmed policies are available on the trust intranet. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures. Staff confirmed that revised policies and procedures are discussed at staff meetings which take place on an ongoing basis.

The complaints log was viewed for 2016-2017 to date, with one complaint arising. Review of the complaints process and records relating to this matter did not fully support compliance with the required regulation. An area for improvement has been required.

Discussion with the manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA. No incidents had arisen since the previous inspection.

The inspector reviewed the monthly monitoring reports for March, June and July 2017. The reports evidenced that a manager from another WHSCT supported living services are delegated to complete this process. Monthly monitoring was found to be in accordance with minimum standards with input from service users, relatives, staff members and commissioners.

Two senior support staff spoken with during inspection indicated that they felt supported by their manager and within the staff team at Ballyclose House. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with commissioners of the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users need. Discussion with one trust professional supported an open communication process with staff at Ballyclose House.

The inspector was informed by the manager that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that all staff are registered with NMC or in the process of registering with NISCC and this was confirmed by the manager. Procedures were also discussed to ensure staff renewing registration are kept under review.

Two staff questionnaires received indicated the service is well led with staff indicating satisfaction with the agency management systems.

Two service user questionnaires supported they were 'very satisfied' that the service was well led and confirmed concerns or complaints are listened and responded to.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service user support plans and review of service users support needs. Monthly monitoring processes and maintaining good working relationships with all key stakeholders were also evident.

Areas for improvement

A number of areas for improvement have been identified during the inspection and have been detailed under the previous three sections to ensure the service is well led in the future.

	Regulations	Standards
Total number of areas for improvement	1	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 Ms Ann Christine Ward, 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 Regulations (Northern Ireland) 2007 and/or 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 to Agencies.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 22(8) Stated: First time To be completed by: With immediate effect from the date of inspection	<p>The registered person shall maintain a record of each complaint, including details of the investigations made the outcome and any action taken in consequence and the requirements of regulation 21(1) shall apply to that record.</p> <p>Response by registered person detailing the actions taken: All complaints will be handled in accordance with regulations. all complaints, outcome and action taken will be recorded appropriately.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 12.1 Stated: First time To be completed by: 15 November 2017	<p>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.</p> <p>Response by registered person detailing the actions taken: Newly appointed staff shall complete a structured orientation and induction. They will adhere to the NISCC induction standards and will be assessed as to their competency to carry out their duties in accordance with the agencies policies and procedures.</p>
Area for improvement 2 Ref: Standard 14.1 Stated: First time To be completed by: 15 November 2017	<p>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.</p> <p>Response by registered person detailing the actions taken: The manager and staff in Ballyclose will ensure that all policies are current and all procedures are adhered to.</p>
Area for improvement 3 Ref: Standard 8.12 Stated: First time To be completed by: 15 February 2019	<p>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.</p> <p>Response by registered person detailing the actions taken: Quality of service provided will be evaluated on at least once a year and all stakeholders will be involved in the process.</p>

Please ensure this document is completed in full and returned to Agencies.Team@rqia.org.uk from the authorised email address



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