

Unannounced Care Inspection Report 11 September 2018



Ballyclose House

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

www.rqia.org.uk

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 ensuite bedrooms. Service users living in the house have access to a communal dining room, kitchen, and lounges. Services are provided by eleven support staff. Some of whom have nursing qualifications. 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.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual : Dr Anne Kilgallen	Registered Manager: Mrs Marena Nicholas
Person in charge at the time of inspection: Mrs Marena Nicholas	Date manager registered: 10 September 2018

4.0 Inspection summary

An announced inspection took place on 11 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:

- maintaining working relationships with all stakeholders
- new induction procedure
- care records including the one page profile

A number of areas were identified for improvement and development:

- the registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. The registered person must submit to RQIA on a monthly basis, reports of quality monitoring undertaken in accordance with Regulation 23(2) and (3)
- all staff must complete the mandatory training programme
- all staff must have supervision and appraisal in line with policy
- all written records must be signed and dated by the person making the entry

Assurances were provided by the recently appointed manager that the required improvements would be implemented post inspection.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	5

Details of the Quality Improvement Plan (QIP) were discussed with Marena Nicholas, 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 15 August 2017

No further actions were required to be taken following the most recent inspection on 15 August 2017.

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 five service users, three members of staff, and one relative. The inspector also had telephone contact with a Health and Social Care (HSC) Trust professional 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. Two responses were received prior to the issue of the report and this feedback is included in the body of this report.

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 to be carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge 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 15 August 2017

The most recent inspection of the agency was an announced 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 15 August 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
Area for improvement 1 Ref: Regulation 22(8) Stated: First time	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.	Carried forward to the next care inspection

	<p>Action taken as confirmed during the inspection:</p> <p>The manager confirmed that there had been no complaints since the last inspection. Therefore action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
<p>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p>	<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>Action taken as confirmed during the inspection:</p> <p>The inspector evidenced that NISCC's Induction Standards for new workers in social care is incorporated into the agency's new induction programme. The inspector viewed records which confirmed that newly appointed staff have an appropriate induction.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.1</p> <p>Stated: First time</p>	<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>Action taken as confirmed during the inspection:</p> <p>The inspector evidenced procedures in place for protecting vulnerable adults in line with regional safeguarding protocols.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p>	<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>Action taken as confirmed during the inspection:</p> <p>The registered manager has taken up post in the last six months and is currently planning to complete an annual report for the service. This matter will be reviewed at the next</p>	<p>Carried forward to the next care inspection</p>

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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.

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency. The registered manager advised the inspector that the agency uses a small number of bank staff who currently are employed by the HSC Trust and existing staff members to fill gaps in the rota.

The recruitment policy details the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The organisation's Human Resources department co-ordinates the recruitment process. This includes input from the manager.

The agency's new induction policy details the induction programme provided; it is 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.

Examination of records indicated that a system to ensure that staff supervision and appraisal has not been maintained according to policy. This was identified as an area for improvement and the manager who has been recently appointed said this matter will be addressed with a schedule to be developed.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. There was also evidence that the manager had provided in house training for some staff to address the specific needs of service users. The inspector reviewed the mandatory training records for staff which indicated some gaps in areas including safeguarding adults and fire training. This area for improvement was discussed with the manager who agreed to prioritise this matter to ensure eligible staff were booked onto appropriate training days as soon as possible.

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 which referenced 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.

The staff members who spoke with the inspector were confident regarding their role and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that the agency had not made any safeguarding referrals to the HSC Trust since the last inspection 15 August 2017.

The manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. This could not be confirmed as recent records were unavailable on the day of inspection.

This matter is discussed in section 6.7 of this report.

The person in charge provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

Comments received during inspection:

Service users’ comments

- “Keeping well here, staff are good.”
- “Staff help me and check to see if I am alright.”

Staff comments

- “The standard of care is good here.”
- “We intervene early if people are unwell and work with other agencies.”

Relative’s comments

- “XXX has come so far, supported living concept has made this happen.”

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 throughout the inspection in relation to staff induction procedures.

Areas for improvement

- all staff must complete the mandatory training programme
- all staff must have supervision and appraisal in line with policy

	Regulations	Standards
Total number of areas for improvement	0	3

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 a relative that there were no concerns regarding the support being provided by the staff at Ballyclose House.

The agency's arrangements for appropriately responding to and meeting the assessed 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 agency's record keeping and records management policy outlines the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. The inspector noted that staff had received training relating to record keeping, confidentiality and data protection.

The staff who met with the inspector demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their seniors and HSCT professionals if any changes to service users' needs are identified. Staff discussed ongoing quality monitoring of service users' needs to ensure effective service delivery. Staff also described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect.

Staff outlined the methods used to ensure that service users are supported to be involved in the development of their care plans. One staff member commented:

"Service users are at the centre of everything, this is an empowering environment."

The inspector viewed two service user files and noted that plans were person-centred and agreed by service users. The inspector noted the introduction of the "one page profile" and the improvements to the organisation of care and support plan information in service users' files.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Records confirmed that the HSC trust multidisciplinary team collaborate with the staff team to ensure service users achieve appropriate care and support. Discussions with service users and staff, and observations of staff interaction during the inspection indicated that staff communicate sensitively with service users.

Review of service users' records evidenced ongoing review processes, records had been signed by all people involved including the service users. The inspector noted that on some occasions staff had signed records including progress notes with initials only and this has been identified as an area for improvement. Service users spoken with during inspection confirmed they are involved in annual reviews with the support staff and HSC 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 reviewed during inspection within review meeting minutes.

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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

All records should be signed and dated by the person making the entry.

	Regulations	Standards
Total number of areas for improvement	0	1

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 assessed the agency's ability to treat service users with dignity, equality, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

It was noted that staff had received training relating to confidentiality and equality during their initial induction. Discussions with service users, a relative and staff, documentation viewed and observations made during the inspection indicated that the promotion of values such as dignity, equality, respect and choice were embedded in the ethos of the organisation. Service user care records viewed by the inspector contained information in relation to their individual needs, choices and preferences.

Discussions with staff and service users indicated that care and support is provided in an individualised manner; they discussed a range of methods used for effectively supporting service users in making informed choices. Service users stated that they are involved in discussions relating to their individual care, support and daily routines; they stated that they can make choices about their everyday lives.

The inspector was informed of a "one page profile" document which is being added to service user 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. An example was 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 staff members spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user's wishes, dignity and respect. Comments included:

- "This is a happy, home environment."
- "Each person has individual needs."

They also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

A relative who met with the inspector spoke highly of the way staff care and support the tenants in Ballyclose House and explained:

“We can go away and not have to worry about XXX.”

This person also outlined examples of daily activities and staff approaches to care which demonstrated the promotion of independence and the fostering of good relationships.

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 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
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.

The inspector viewed the management arrangements and found there was a clear organisational structure. Marena Nicholas, manager leads a team of staff who are aware of their roles, responsibility and accountability. The manager has taken up post within the last six months and she outlined plans to develop and foster greater independence for service users in respect of meals and medications. Staff and service users commented positively about the impact the manager had made in Ballyclose House.

Service user comments

- “Marena has turned the place around, living here is good.”
- “I am looking forward to the new meals arrangements.”

Staff comments

- “Marena is very open and gets things done.”
- “We are well-led and feel appreciated.”

A HSC trust professional who spoke with the inspector following the inspection explained that they visit the service regularly and believed that the appointment of manager was positive saying that some good changes had been made. This person said:

“This is definitely a fantastic facility.”

The inspector examined the agency's quality monitoring systems; quality monitoring reports for the period after May 2017 were not available for review. The manager advised that quality monitoring visits are usually undertaken by a manager from another service however these records have not been made available to the inspector. This is an area for improvement and monthly quality monitoring reports are to be submitted to RQIA on a monthly basis until further notice.

Discussion with the manager confirmed that here were systems in progress to ensure an annual quality review of the service will be undertaken in the coming months. This will be reviewed at the next inspection.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained information in compliance with the relevant standards and regulations. The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The inspector discussed arrangements in place that relate 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 manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equal care and support
- individual person centred care

All of the service users and the relative who spoke with the inspector confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the inspection.

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 plans in respect of service improvement and maintaining good working relationships with all stakeholders.

Areas for improvement

The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. The registered person must submit to RQIA on a monthly basis, reports of quality monitoring undertaken in accordance with regulations.

	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 Marena Nicholas, 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 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 22(8)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<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>Ref: 6.2</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
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<p>Area for improvement 2</p> <p>Ref: Regulation 23(1) (2)(3)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <ul style="list-style-type: none"> (a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding- <ul style="list-style-type: none"> (i) what services to offer them, and (ii) the manner in which such services are to be provided; and has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request. <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>Ref: 6.7</p>
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Response by registered person detailing the actions taken:
In the event of a complaint I will forward this information, the actions following the complaint, review and reflection regarding this. However, we have not received any complaints to date.

Monthly monitoring completed by visiting supported living managers from the Northern Sector of the Western Trust. In March I will action an annual review report as I will have been in post for a year. I will also forward copies of Sept 2018 & Oct 2018 reports, and will forward the following four months as they are completed.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 15 February 2019</p>	<p>The registered person shall ensure 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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.2</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Staff are aware of Trust policies and procedures in relation to recording skills and have received training regarding this. This will be brought to staff's attention at the next staff meeting.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be completed by: 11 November 2018</p>	<p>The registered person shall ensure staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Supervision occurs quarterly as set out in Trust policy and procedure. This also includes a group supervision with staff and managers from other supported living facilities within the Northern Sector of the Western Trust. I am awaiting band 5 to complete supervision training so they can do Band 3's supervision. All supervisions will be completed by the end of November 2018 and this was due to annual leave.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 13.5</p> <p>Stated: First time</p> <p>To be completed by: 11 November 2018</p>	<p>The registered person shall ensure 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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All appraisals have been completed of those staff currently on the rota. One staff member is outstanding as she is currently on maternity leave. She is due to return in March 2019.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: 11 December 2018</p>	<p>The registered person shall ensure mandatory training requirements are met.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All training opportunities are emailed to the staff member. Staff know their training requirements in respect to their registration (NISCC/RCN) and mandatory training requirements within the Trust. Training Matrix is being up-dated. Fire training occurred in October and those who were unable to attend are aware of training dates available within another supported living facility. Safe-Guarding Vulnerable Adults Training will occur in Dec/Jan (date to be confirmed). Medication Direct Observations are ongoing and training to be applied for when it is released on Trust HRPTS.</p>

Please ensure this document is completed in full and returned via Web Portal



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Assurance, Challenge and Improvement in Health and Social Care