

# Unannounced Care Inspection Report 25 April 2019



## 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](http://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 21 service users with enduring mental health needs. The accommodation is owned by Apex Housing and consists of eight individual flats and a house where 12 service users live. Service users living in the house have access to a communal dining room, kitchen, and lounges.

Care and support is provided by 11 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

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust  <b>Responsible Individual(s):</b> Dr Anne Kilgallen	<b>Registered Manager:</b> Mrs Marena Nicholas
<b>Person in charge at the time of inspection:</b> Senior support worker	<b>Date manager registered:</b> 10 September 2018

### 4.0 Inspection summary

An unannounced inspection took place on 25 April 2019 from 10:30 to 15.15.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

The care records were well maintained and there was evidence that the agency engaged well with other professionals and service users and their representatives. There were examples of good practice found throughout the inspection in relation to medication training and risk management. There were also examples of good practice identified in relation to the provision of compassionate care.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, dignity, confidentiality and service user involvement.

Areas for improvement were identified and include:

- All staff must complete the mandatory training programme.
- Staffing levels must reflect an appropriate number of suitably skilled and experienced persons.

- RQIA must be notified of any safeguarding incident involving the PSNI not later than 24 hours after the matter has been reported or is informed that the matter has been reported.
- Completion of the annual quality review.
- Procedural compliance in respect of complaints.

On the day of inspection service users said that they were satisfied with the care and support provided. Following inspection feedback was received which indicated some dissatisfaction. This feedback was relayed to the supported living service manager for review and action as appropriate.

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>	3	2

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 11 September 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 September 2018.

#### 5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report and QIP
- records of notifiable events
- all correspondence received by RQIA since the previous inspection

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issuing of this report.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Questionnaires were also provided for distribution to the service users and their representatives; one response was received and analysis of this is included within the report. RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

During the inspection the inspector met with two service users, two staff and one visiting professional. Following the inspection the inspector spoke on the telephone with a services user's representative and the supported living service manager. Comments received are included within the body of the report.

## 6.0 The inspection

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

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 11 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> 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.  Ref: 6.2	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector was informed by manager about two complaints which had been made since the last inspection. These complaints had not been recorded in compliance with Regulation 22 (8) and this matter will therefore be stated for a second time.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 23(1) (2)(3)</p> <p><b>Stated:</b> First time</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> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding-</p> <p>(i) what services to offer them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>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> <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>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.</b></p>	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector viewed three of the agency's monthly monitoring reports and noted a pattern of consistent monitoring by managers from other supported living services had been developed.</p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.12</p> <p><b>Stated:</b> First time</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><b>Not met</b></p>



	<p><b>Action taken as confirmed during the inspection:</b> The annual report had not been completed and this matter will be stated for a second time.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 5.6 <b>Stated:</b> First time</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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A range of records reviewed during the inspection confirmed compliance with Standard 5.6.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 13.3 <b>Stated:</b> First time</p>	<p>The registered person shall ensure staff have recorded formal supervision meetings in accordance with the procedures.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The inspector viewed evidence of staff supervisions in accordance with procedural time frames.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 13.5 <b>Stated:</b> First time</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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The inspector viewed evidence of staff appraisals occurring annually.</p>	
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 12.3 <b>Stated:</b> First time</p>	<p>The registered person shall ensure mandatory training requirements are met.</p>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the agency's training matrix and individual staff training records and noted some mandatory training requirements had not been met; this area for improvement will be stated for a second time.</p>	

### 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 agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the organisation's head office. Discussion with the person in charge identified that they were knowledgeable in relation to safe recruitment practices.

The inspector viewed the staffing rota and noted that staffing levels were not consistently maintained. Staff raised concerns with the inspector in relation to some service users' needs not being met. One staff member commented:

"We do the best we can but we are very short staffed."

These matters were discussed with the manager who attended the inspection for a short time as she was on leave on the day of inspection. The manager outlined how the recent need to increase the staffing rota to cover night duty had impacted on day time staffing levels. Subsequent to the inspection the inspector contacted the supported living service manager and outlined issues in respect of current staffing levels and the impact on service users. The supported living service manager agreed to address this matter promptly and ensure day time staffing levels are enhanced by the use of bank staff. An area for improvement was identified.

New employees were required to complete an induction which included training identified as necessary to meet the needs of the service users and familiarisation with the service and the organisation's policies and procedures. There had been no new staff since the last inspection therefore induction records were not reviewed. Following the inspection the manager sent a copy of the new induction procedures to RQIA which included elements of the Northern Ireland Social Care Council (NISCC) Induction Standards. The inspector advised that these procedures needed some revision to reflect Ballyclose House as some aspects of this induction procedure referred to another facility. This matter will be reviewed at the next inspection.

There was a rolling programme of training, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes. It was noted that additional training had been provided to staff in areas such as, restrictive interventions, equality and diversity, confidentiality and data protection. It was also evident that some staff had not had mandatory training in Adult Safeguarding within required time frames; this matters had been identified as an area for improvement at the last inspection and will be restated.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior director within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. Discussion with staff confirmed that they were they were aware of what action to take if they had concerns about a person being abused and that they had been empowered to do so. The manager informed the inspector of one matter which had been referred to adult safeguarding and the PSNI. It was identified that this incident had not been reported to RQIA in accordance with regulations. The inspector reminded the manager of the



regulatory requirement and requested an immediate notification detailing the issues concerned be submitted. This matter is an area for improvement.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessments had been completed in conjunction with service users and their representatives. The agency also worked with local pharmacy colleagues to enhance skills and promote safety in medication management.

The inspector noted that staff had received training in restrictive practices the inspector discussed the potential human rights implications of the restrictive practices being implemented and the person in charge welcomed advice provided and undertook to ensure that human rights considerations would be documented within care and support plans alongside each restrictive practice.

Care records and information related to service users were noted to be stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with GDPR guidelines

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal and actions to enhance skills and promote safety in medication management.

### Areas for improvement

- All staff must complete the mandatory training programme
- Staffing levels must reflect an appropriate number of suitably skilled and experienced persons.
- RQIA must be notified of any safeguarding incident involving the PSNI not later than 24 hours after the matter has been reported or is informed that the matter has been reported.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

### 6.5 Is care effective?

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

The review of service users care records identified that they were comprehensive, person-centred and maintained in an organised manner. The records evidenced referral information, risk assessments, care plans and annual care reviews with the relevant Health and Social Care Trust (HSCT) representative.

Care plans were noted to clearly and concisely describe service users' needs. 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 and daily activities. On the day of inspection it was evident that some service users have complex needs and staff described strategies in place to ensure effective care. These included the involvement of occupational therapy to maximise independence in daily living skills

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users’ next of kin and other key stakeholders. A professional who spoke to the inspector commented:

“Brilliant care, I cannot say enough about the staff, they are intuitive and caring”

The inspector discussed with the manager that service user and staff meetings could be held on a more regular basis and the manager agreed to action this.

The agency has quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, relatives, staff and where possible, HSCT representatives.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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 inspector sought to assess the agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on equality and diversity.

Discussions with the service users, staff and the person in charge provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

The inspector viewed 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. The person centred, easy read information 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."

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

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person-centred care
- individualised risk assessment
- disability awareness

The inspector viewed the HSCT support agreement for service users within Ballyclose House and noted reference to the rights which all service users have including the right to advocacy and fair treatment. The tenants' handbook outlines "What the Trust does to protect your rights" It was good to note that agency staff were promoting the autonomy of service users and their rights to make decisions; this was evident from observations made on the day of inspection and from conversations with service users. Comments included;

- "I am vegetarian so I have my own food which I cook myself."
- "Staff are 110%."

One service user noted that staffing levels were not always good and said;

- "Sometimes staff say they are too busy and come back later, but staff are grand."

The inspector spoke on the telephone with a relative following the inspection. Comments included:

- "Ballyclose is great, I am very happy, very well satisfied."

### **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 systems in place within the agency to meet the needs of the service users; the agency is managed on a day to day basis by the manager, who manages the service with the support of a staff team. It was identified that the agency has effective systems of management and governance in place.

The staff members spoken with confirmed that despite staff shortages there were good working relationships. Comments included:

- “Staff morale is good.”
- “The service is well-led.”

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC) or Nursing and Midwifery Council (NMC). The person in charge confirmed that information regarding registration and renewal dates were maintained by the agency. A review of a sample of NISCC and NMC records confirmed that staff were currently registered.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

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 in August 2017 and carried forward from the inspection of September 2018 as the manager was newly in post. This matter is stated for a second time as an area for improvement as there was no evidence of completion on the day of inspection.

It was noted that the agency’s complaints log did not contain details of two complaints which the manager discussed with the inspector. Review of the complaints process and records relating to these matters did not support compliance with the required regulation. This matter had been identified as an area for improvement in August 2017 and carried forward from the inspection of September 2018; an area for improvement will be restated in respect of this issue.

Following the inspection the inspector received communication from a service user and a relative regarding one of these complaints; it was evident that the matter was not resolved to their satisfaction. The returned questionnaire from one relative indicated that that they were ‘unsatisfied’ that the care was safe, effective and compassionate; and that the service was well led. This feedback was relayed to the supported living service manager for review and action as appropriate. The inspector also wrote to the service user and the relative to advise them how to raise a concern.

## Areas of good practice

There were examples of good practice in relation to maintaining good working relationships.

## Areas for improvement

Two areas for improvement were identified and refer to:

- completion of the annual quality review
- procedural compliance in respect of complaints

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 22.8</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate and ongoing</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: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> As the registered manager I will maintain a record of each complaint by adhering to the WHSCT complaints procedure. I will ensure the appropriate WHSCT proforma for formal and informal complaints is used. This will clearly demonstrate details of the investigations made the outcome and any actions taken. (I have enclosed WHSCT complaints Proforma for your viewing)</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person must ensure that there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> As the registered manager I will strive to ensure there is at all times an appropriate number of suitably skilled and experienced staff employed. I am reviewing staffing levels with my service manager and ensuring vacant posts are recruited in a timely manner. I will plan staff rota's and liaise when necessary with our bank office to secure staff to prevent staff shortages.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 15(12) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person must ensure that the Regulation and Improvement Authority are notified of any incident reported to the police, not later than 24 hours after the registered person—</p> <p>(i) has reported the matter to the police; or</p> <p>(ii) is informed that the matter has been reported to the police.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> As the registered manager I will ensure that the WHSCT Incident reporting policy is followed at all times and the appropriate authorities notified within outlined timelines.</p>



<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.12</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 25 July 2019</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>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Our service is evaluated annually and this can be evidenced through monitoring visits and questionnaires completed by service users and their families. I have recently analysed the data collected from these and produced a report outlining any actions that need to be taken. This is available for your viewing during your next inspection.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 25 July 2019</p>	<p>The registered person shall ensure mandatory training requirements are met.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> As the registered manager I shall ensure all mandatory training requirements are met. I will demonstrate this by reviewing staff mandatory training requirements through 1:1 managerial supervision sessions and recording same. I will include this as a standing agenda at our team meetings to remind staff of their responsibility to complete this. I will give a copy of the mandatory training matrix to all staff outlining what training has to be completed and within what timeframe. I will complete WHSCT Annual training planner to help forecast training needed for my team.</p>

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



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