

Announced Domiciliary Care Agency Inspection Report 10 May 2016



Ballyclose House

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Inspector: Rhonda Simms

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Ballyclose House took place on 10 May 2016 from 10.15 to 16.00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

During the inspection the agency was found to be competently delivering safe care. The agency maintains a stable provision of appropriately trained and supervised staff who understand the needs of service users. The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. It was noted that agency staff understand how to identify safeguarding concerns and appropriately implement management plans in conjunction with the HSC Trust. There are established systems of person centred assessment, and review of needs, wishes, and risks. The inspector found evidence of a range of positive outcomes for service users.

Is care effective?

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

Is care compassionate?

During the inspection the inspector found evidence which indicated that the agency was delivering person centred compassionate care. The inspector observed interactions between staff and service users and received feedback from service users, relatives and a HSC Trust professional which indicated that the dignity and promotion of independence of service users are upheld through service delivery. The inspector received substantial evidence that the agency's provision of a compassionate service has led to transformative outcomes in the lives of service users. There was evidence of the agency's maintenance of systems to ascertain service users' wishes and feelings, and involve them in decision making.

Is the service well led?

During the inspection the agency was found to be competently delivering a well led service. Clear management and governance systems are maintained to meet the needs of service users and drive quality improvement. Staff are aware of their roles, responsibility and accountability within the organisational structure. The registered person has operated the service in accordance with the regulatory framework and worked effectively with RQIA. There are effective working relationships with key stakeholders including service users, relatives and the HSC Trust.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

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

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

1.2 Actions/enforcement taken following the most recent care inspection of 6 May 2015

Other than those actions detailed in the previous Quality Improvement Plan (QIP) there were no further actions required to be taken following the last inspection of 6 May 2015.

2.0 Service details

Registered organisation / registered person: Western Health and Social Care Trust Elaine Way.	Registered manager: Patrick Martin Hone.
Person in charge of the agency at the time of inspection: Patrick Martin Hone.	Date manager registered: 26/11/2012.

3.0 Methods/processes

Prior to inspection the following records were analysed:

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

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

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

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

The following records were examined during the inspection:

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

4.0 The inspection

Ballyclose House is a supported living type domiciliary care agency which provides care and support to twenty 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 twelve support staff, seven of whom have nursing qualifications, and five 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.

4.1 Review of requirements and recommendations from the most recent inspection dated 6 May 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 6 May 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1 Ref: Regulation 21 (1) (c) Stated: First time</p>	<p>21.—(1) The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are— (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority. This refers particularly but not exclusively to records of training undertaken by all employees.</p> <hr/> <p>Action taken as confirmed during the inspection: The inspector viewed records of training maintained and available for inspection at all times by any person authorized by the Regulation and Improvement Authority.</p>	<p>Met</p>
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1 Ref: Standard 8.15 Stated: First time</p>	<p>There are written accounting and financial control procedures that meet professional standards of good practice and legislative requirements and provide safeguards against errors or fraud. In the interests of safeguarding service users’ monies, the agency should review the arrangements for recording financial transactions, including the Pay as You Eat scheme.</p>	<p>Met</p>

	<p>Each transaction should be signed by two members of staff or one member of staff and the service user.</p> <p>An example should be forwarded to RQIA by 6 August 2015.</p>	
<p>Recommendation 2</p> <p>Ref: Standard 2.2</p> <p>Stated: Second time</p>	<p>Prospective service users are provided with information on the services provided by the agency.</p> <p>2.2 The service user’s guide contains information on the following:</p> <ul style="list-style-type: none"> • The name of the registered manager and the general staffing arrangements. <p>The registered person should ensure that the job titles and roles of staff in agency documentation reflect a supported living setting. The amended service user guide should be forwarded to RQIA by 6 August 2015.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the service user guide, which included job titles and roles of staff in agency documentation which reflected a supported living setting.</p>	<p>Met</p>

<p>Recommendation 3</p> <p>Ref: Standard 14.10</p> <p>Stated: Second time</p>	<p>Training on the protection of children and vulnerable adults for staff is updated at least every 2 years.</p> <p>It is recommended that the registered person ensures that awareness training on the protection of children is updated at least every two years.</p> <p>A record of safeguarding training undertaken by staff should be forwarded to RQIA by 6 November 2015.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector examined training records which indicated that awareness training on the protection of children had been updated at least every two years.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p>	<p>The agreement between the service user and the service provider specifies:</p> <ul style="list-style-type: none"> • The arrangements for any financial transactions undertaken on behalf of the service user by the agency's staff and the records to be kept; • The arrangements for reviewing the agreement. <p>The registered person should ensure that the amounts and frequency of payments into the Pay as You Eat Scheme and Comfort Fund are reviewed to ensure that significant amounts of money do not accrue.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager discussed the arrangements to ensure that significant amounts do not accrue in the Pay as You Eat Scheme and Comfort Fund. Discussions relating to how the money could be spent were regarding in service user meeting minutes. Service users provided feedback regarding how some of the accrued money has been spent.</p>	<p>Met</p>

4.3 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks.

Staff rotas and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the needs of service users at all times. It was noted that staff flexibility ensures that additional staffing is provided at night if the need arises. Feedback from staff, the registered manager, and staff rotas indicated that vacant shifts are covered on the majority of occasions by the current staff team or rarely by a small pool of bank staff that hold substantive posts in other services operated by the agency. The staffing arrangements usually enable the agency to provide familiar staff to facilitate services to service users.

It was noted that the agency has an induction policy and induction programme of at least three days in accordance with Regulations. The induction arrangements include the suitable induction of temporary staff.

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

Examination of records indicated that a system has been maintained to ensure that staff supervision and appraisals are planned and completed in accordance with policy.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of vulnerable adults. Safeguarding training provided by the Western Health and Social Care Trust includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter. Staff who provided feedback to the inspector had a good understanding of safeguarding issues and were clear regarding agency procedures. The registered manager discussed a safeguarding referral where agency staff worked with a service user over a period of time to gain their trust and co-operation in a safe guarding process. As a result, an effective protection plan involving agency staff, the service user, service users' family, and the HSC Trust is now in place. Records reviewed by the inspector indicated that the agency responds promptly and fully to all suspected, alleged or actual incidents of abuse.

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

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The agency operates a risk management strategy; records of risk assessments are completed with each service user, regularly evaluated and reviewed.

Discussion with the registered manager and examination of records indicated that some service users experience risk management in conjunction with the HSC Trust under Promoting Quality Care arrangements. An HSC Trust professional provided positive feedback regarding the evaluation and review arrangements involving service users, their representatives, HSC Trust and agency staff. It was noted that the review arrangements with the HSC Trust multidisciplinary teams allow for flexible and regular review of service users as indicated by their level of need.

The agencies registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Staff comments

- 'I feel service users are as safe and protected from harm as possible taking into account each service users' rights and views.'

Service users' comments

- 'My care is excellent.'

Areas for improvement

- No areas for improvement were identified during the inspection.

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

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2016) and Service User Guide (2015).

The inspector reviewed a range of service users' care and support plans. Care plans are developed with service users in conjunction with assessment information provided by HSC Trust professionals. Records indicated regular evaluation and review of care plans, including review six monthly or when required with the HSC Trust; this was supported by feedback from agency staff.

The inspector was informed of local independent advocacy services available for the use of service users.

The inspector examined a range of records maintained by agency staff in accordance with legislation and standards. It was noted that the agency maintains policy which includes the management of records.

The agency maintains a system of quality monitoring to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by a registered manager who has knowledge of the service. The quality monitoring system provides a good standard of monitoring in accordance with RQIA guidance.

Quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matters.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and relatives indicated that staff are approachable and open to communication. A relative commented: 'The staff are very helpful, I can ask if I have any worries.' Service users and relatives provided feedback that they know who to go in the agency to discuss an issue or complaint and were confident of an appropriate response. A relative commented: 'The staff are very responsive.' A service user commented; 'I can speak to staff, I have no complaints.'

Complaints and compliments records, quality monitoring reports, care records, and the service user evaluation survey provided evidence of how the agency maintains records of comments made by service users and/or their representatives. Minutes of service users' meetings documented communication between staff and service users, showing how service users have been involved in decision making processes. Feedback from service users, relatives and staff indicated that service users and relatives are aware of how to make a complaint and are confident they will be listened to and responded to by the registered manager.

The inspector received feedback which indicated that the agency maintains effective methods of relevant communication and partnership working with key stakeholders. A HSC Trust professional described the development of effective working relationships with the agency which have led to positive outcomes for service users.

Staff comments

- 'All service users in Ballyclose have a full input into the development of care plans and all care plans are reviewed on a regular basis.'
- 'Residents are fully involved in all aspects of their care.'

Service users' comments

- 'My care is very effective.'
- 'I can talk to staff, they help you as best they can.'
- 'The staff listen.'

Areas for improvement

No areas for improvement were identified during the inspection.

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

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

Discussion and feedback from staff indicated that the values stated in the Minimum Standards, including dignity, respect, independence, choice, rights, equality and diversity, were embedded in the culture and ethos of service delivery at Ballyclose House.

In the course of the inspection the inspector observed staff interacting with service users in a manner which showed respect and promoted choice. The registered manager provided an example of how a member of staff effectively challenged discrimination against a service user in the local community to promote their right to equality.

The inspector received positive feedback from an HSC Trust community professional which described the services provided to some service users as leading to a 'total transformation' in their lives. These service users have been enabled to increase their functioning and independence, experience significantly improved mental health and family relationships, sustain purposeful work and leisure opportunities, and participate in service user led groups in the local community.

An HSC Trust professional described how the agency provided a standard of service to a service user which went beyond the expectations of their role, in order to promote the choice and independence of a service user, whilst ensuring their safety.

The inspector noted that service users were able to exercise choice regarding a range of daily decisions. Service users who spoke with the inspector described how they make their own decisions regarding their daily routine and where they choose to go. It was evident through discussion with a range of stakeholders that service users are supported to set and achieve personal goals.

The inspector received feedback from service users and relatives which indicated that the agency seeks the views of service users and representatives through the course of daily service provision, in addition to formally through service user meetings, review meetings, and an annual service user survey. Staff described the process of obtaining service users' opinions during meeting: 'All are asked what they like, it's like a Parliament.'

The agency sought the views of service users through an annual evaluation survey; the inspector noted that feedback was very positive across a range of issues relating to services provided, staffing and staffing attitudes. A matter of concern to a service user arising from the survey was addressed through one to one discussion with the service user.

Formal processes to record and respond to the views of service users and relatives are maintained through the complaints and compliments process, quality monitoring, service user survey, and service users' meetings.

The agency maintains systems to evaluate the quality of service provided, in a manner which takes into account the views of service users and their representatives. The monthly quality monitoring reports and annual service user survey provide records of consultations with service users. There was evidence of formulation and implementation of improvement recorded in Quality monitoring reports and service user meeting minutes.

Staff comments

- 'I feel all the service users in Ballyclose House are treated with dignity and respect and that they are all fully aware of their rights.'
- 'Staff know service users very well, and have gained their trust.'
- 'Service users will come and talk to staff.'

Service users' comments

- 'I'm very well looked after.'
- 'The staff are good to me.'
- 'I can make my own decisions, I can go out and about.'
- 'It's a good place, there is plenty of company.'

Relatives' comments

- 'I don't have to worry. The key worker knows **** well.'
- 'I can speak to staff, they are very responsive.'
- 'The staff have got to know ****, they are great.'
- 'The staff have helped **** with the transition.'

Areas for improvement

No areas for improvement were identified during the inspection.

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

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

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

The inspector saw evidence of review of available information with the aim of improving choice, independence and quality of life for service users at Ballyclose House. This includes the agency's governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA. The registered manager discussed and provided evidence of learning from incidents, including review of practice.

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

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. This is most clearly demonstrated through changes maintained since the previous care inspection of 6 May 2015. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary (2016, 2015).

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders which are valued by staff. The inspector received positive feedback from an HSC Trust professional which indicated that partnership working had resulted in significant positive outcomes in the lives of service users.

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

Staff comments

- 'I feel the service is well managed and that the clinical governance in place ensures that the quality of care each service user receives is of a high standard.'

Service user's comments

- 'The service is well led and is excellent.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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No requirements or recommendations resulted from this inspection.

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



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