

Unannounced Care Inspection Report 10 February 2020



Ballyclose House

Type of Service: Domiciliary Care Agency
Address: 11 Mill Place, Limavady, BT49 0BJ
Tel No: 028 7776 4564
Inspector: Fionnuala Breslin

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 service which provides personal care and housing support for up to 21 people with enduring mental health needs. The accommodation is owned by Apex Housing and consists of eight individual flats and a house where 11 service users live. 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 Health and Social Care Trust Responsible Individual: Dr Anne Kilgallen	Registered Manager: Deirdre Mahon (acting)
Person in charge at the time of inspection: Deirdre Mahon	Date manager registered:

4.0 Inspection summary

An unannounced inspection took place on 10 February 2020 from 11.00 hours to 16.30 hours.

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 have 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 services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking 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.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the domiciliary care agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the involvement of service users in support planning and review; human rights planning; and maintaining good working relationships with all stakeholders.

There were four areas for improvement identified during this inspection and one area for improvement carried forward from the quality improvement plan from the last inspection on the 25 April 2019.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Deirdre Mahon, 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 25 April 2019

The completed QIP was returned and approved by the care inspector.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 April 2019.

5.0 How we inspect

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

- The registration details of the domiciliary care agency
- Previous report and QIP
- Information and correspondence received from the manager
- Information received by RQIA in relation to the service
- Incident notifications

During the inspection the inspector met with three service users, three staff, and one visiting day centre manager.

The visiting day centre manager made the following comments:

- "Yes there is good communication here and the manager attends the multi-disciplinary team meetings once a week which I also attend."
- "The care is safe here I have no concerns."
- "Six tenants attend the day centre which I manage and none have raised any issues."
- "I have no concerns if I had I would take them to the keyworker from the recovery team."
- "Yes I think that the staff here are caring and compassionate towards the tenants."

At the request of the inspector, the manager was asked to display a poster prominently within the agency's premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

The inspector requested that the manager 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.

Ten questionnaires were also provided for distribution to the service users and their representatives; three responses were returned within the timeframe and are included within this 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.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met with one recommendation was carried forward as it could not be assessed on this inspection.

The inspector would like to thank the manager, 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 last care inspection dated 25 April 2019

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
Area for improvement 1 Ref: Regulation 22.8 Stated: Second 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.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that there were systems in place for the reporting of complaints. There were no complaints since the last inspection recorded but there was a template available to include the relevant details if a complaint was made and the template had sufficient details to allow the recording of an investigation and outcome. There was a policy and procedure available for staff to refer to. All staff had attended complaints management training and there were posters on the notice board giving details of how to proceed when making a complaint. There were systems in place to monitor and	

	audit complaints if they should arise in the form of monthly monitoring reports and an annual quality report. There was regular meetings for service users and staff with evidence that suggestions by service users were followed up in staff meetings. This was confirmed by feedback from service users and staff.	
Area for improvement 2 Ref: Regulation 16.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The inspector reviewed the duty rota over a period of four weeks and there was no shortage of staff noted on the rota and this was confirmed by staff during conversations with the inspector. The full complement of staff included a registered nurse and a care staff on duty 24 hours a day in the main house. The manager worked week days. The manager informed me that they are using bank staff to cover gaps due to staff sickness absences and a newly recruited member of care staff is ready to start work soon when recruitment checks have been completed.	
Area for improvement 3 Ref: Regulation 15(12) (b) Stated: First time	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— (i) has reported the matter to the police; or (ii) is informed that the matter has been reported to the police.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: There was evidence that the manager had notified RQIA of incidents which involved PSNI contact. However, the inspector was unable to assess whether this was consistently done as there was no record of incidents available for inspection. Feedback from the manager and staff on duty were unable to confirm whether all notifiable incidents had been submitted to RQIA. This area of improvement will be carried forward to the next inspection.	

--	--	--

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 8.12 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: There was an Annual Quality Report (2018/19) available for inspection. There was evidence included of the involvement of key stakeholders in the report.	
Area for improvement 2 Ref: Standard 12.3 Stated: Second time	The registered person shall ensure mandatory training requirements are met.	Met
	Action taken as confirmed during the inspection: The inspector found that mandatory training requirements had been met. Recent training had been attended in Adult safeguarding, fire safety awareness, nominated fire officer training, equality and diversity training. This was confirmed by staff during conversations with the inspector.	

6.2 Inspection findings

6.3 Is care safe?

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

The inspection reviewed the systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements.

The arrangements for appropriately assessing and meeting the assessed needs of people who use the service were examined during the inspection.

It was confirmed by the inspector that there have been no new staff commencing post since the last inspection. However, there was one newly recruited member of care staff ready to start awaiting employment checks.

The recruitment records of three members of staff showed that the two band three support staff members were registered with the Northern Ireland Social Care Council (NISCC) and the nurse was registered with the Nursing and Midwifery Council (NMC). The manager informed the inspector that the Nurse Lead reviews all the NMC registrants on a monthly basis and is in regular contact with the nurses and manager regarding any issues. The manager monitors all NISCC registrants to ensure that registration is current and will monitor this through formal supervision. The inspector requested that the manager complete a check via the web portals for NMC and NISCC on the three staff members. The three staff members were confirmed as registered on the day of the inspection.

The inspector saw evidence that the three staff members had received regular supervision and an annual appraisal but was unable to find staff induction records in the staff files reviewed. This was mentioned to the manager in the last inspection report on the 25 April 2019 and there will be an area for improvement in this regard.

Staff members receive mandatory training and other appropriate training relevant to their roles and responsibilities. During the inspection evidence was provided of recent training attended by staff for adult safeguarding. The inspector viewed a training matrix which contained dates for the attendance of mandatory training. During conversations with staff they were able to discuss their roles and responsibilities in relation to adult safeguarding but were unable to name the trust adult safeguarding champion. There will be an area for improvement in relation to this.

Staff made the following comments:

- "Yes the care here is safe."
- "If I had a concern I understand the adult safeguarding processes and would contact the adult safeguarding team."

RQIA records show that there were two notifiable incidents reported since the last inspection. The manager was unable to provide a record of accidents and incidents and as a result the inspector could not assess whether all appropriate incidents had been reported to RQIA. This area for improvement will be restated for a second time. There will be a new area for improvement in relation to the Minimum Standards that a record of accidents and incidents is maintained.

There was evidence of audit and review during monthly monitoring by the assistant service manager. The inspector was satisfied that all action was taken to ensure the safety of all people using the domiciliary care agency and risk assessments and safety plans were in place to minimise risk to individuals.

The last fire risk assessment had been completed in February 2019 and is therefore due for review in March 2020 in line with the trust procedures. Fire drills were completed six monthly and all staff were trained in fire safety awareness. The fire manual was checked by the inspector and there was evidence that checks of the fire alarm were not always carried out weekly. There will be an area for improvement in this regard.

During conversations with staff in relation to safety, they confirmed that they felt the care they were providing was safe and the environment was safe also. Care and support is provided by 11 support staff, some of whom are registered nurses. Staff receive information daily at the beginning of their shift in relation to any changes in the support needs of the service users.

Service users made the following comments:

- "I feel safe here."
- "I have no concerns."
- "Yes I like this place and the staff."
- "I feel safe here."
- "I enjoy the company of the others."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal.

Areas for improvement

Four areas for improvement were identified during the inspection in relation to induction records; adult safeguarding information regarding the safeguarding champion; fire alarm checks; and the records maintained in relation to the reporting of accidents/incidents. One area for improvement, in relation to the reporting of notifiable incidents to RQIA, will be carried forward to the next inspection.

	Regulations	Standards
Total number of areas for improvement	1	4

6.4 Is care effective?

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

Three service user’s support plans were reviewed. All had a written agreement in place and records included a detailed assessment of needs, risk assessments and comprehensive care plans, there was human rights based approach to care planning with service user involvement evidenced with comments made by service users within the care plan.

There was evidence service users had personal goals and there was a review of these goals on a regular and ongoing basis.

It was evident on inspection that records were stored safely and securely in line with data protection and GDPR and staff reported they could access their records as required.

During discussion with service users, the inspector was told that the care provided was effective, and that staff members were approachable and open to their suggestions. The three responses to the questionnaires received evidenced that service users were very satisfied that the care was safe, effective, compassionate and well led.

Service users made the following comments:

- "Best thing that ever happened to me...I have problems with addiction and mental health problems all my life... There was an improvement (here) due to the support that is available which is not there when I live alone."

- "Yes the care is effective."
- "I was in a flat but was allowed to come back to the house to live as there is more help and company in the house."
- "The staff are helpful."

Staff made the following comments:

- "I have noticed a reduction in the need for admission of service users for psychiatric care which has been a measure of effectiveness of care."
- "Experience helps to ensure the right level of support is given whilst promoting independence."
- "There has been a marked improvement in behaviour which has been another measure of success."
- "We are able to provide different levels of support between the house and the flats."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to detailed assessment of needs, up to date risk assessments, care and support records, an emphasis on human rights and service user involvement in the care planning and review processes.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 service users' needs include enduring mental health problems, frailty, mobility needs and behaviour needs. Following discussions with service users and staff, and observation of interactions, the inspector was satisfied that service users were being treated with dignity and respect. During the review of support plans it was noted that the service users were being encouraged to make independent choices. There was an emphasis on the promotion of human rights in the care and support planning process with the involvement of the service user evidenced by their signatures and comments on their care and support plans.

Staff members on duty were observed approaching service users in a caring and respectful manner. All service users who approached staff looking for assistance were treated with dignity and respect. Staff members were observed to have responded sensitively to the individual's needs.

Service users told the inspector that they felt their opinions were important to staff and changes were made in relation to their personal objectives.

An annual service user's quality assurance survey had last been completed in 2018/19 and the summary report was available for inspection. Comments and feedback from service users are included in monthly monitoring reports and are used to inform the changes in activities and food choices. There was evidence that service user meetings take place every month. This was confirmed by service users and staff during the inspection.

During conversations with the inspector, service users made comments as follows:

- "The staff are fantastic."
- "I'm free to come and go as I please."
- "I have the freedom to leave if I want to."

Staff made the following comments:

- "Yes staff here are caring and compassionate."
- "Staff treat the tenants with dignity and respect."
- "If the tenants have any issues they usually let us know."
- "If the tenants in the flats need help they can come to the house to get help from staff."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the domiciliary care agency, listening to and valuing service users and taking account of their views through various means including monthly monitoring and annual quality surveys, service user meetings and service user involvement in care planning processes.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 registration certificate was up to date and displayed appropriately.

There has been a change in management of the agency and an acting manager had commenced her post on the day of inspection. Subsequent to the inspection an updated Statement of Purpose and Service Users Guide has been provided to RQIA to reflect this change.

There was evidence that a range of policies and procedures are in place to guide and inform staff and these are reviewed three yearly in line with regulations and standards. There is a whistleblowing policy and procedure in place and staff members were knowledgeable regarding this during discussions with the inspector.

The records of three members of staff reflected that the manager carried out supervision and each staff member also has a recorded annual appraisal. This was confirmed by staff during discussions with the inspector.

The manager was able to discuss the system in place for the management of complaints; how they were to be recorded, including details of response and investigation and a section for outcomes to be recorded regarding the satisfaction of the complainant.

The annual quality report contained information in relation to the audit of compliments/complaints, incidents/accidents, staff training, supervision and appraisal, and audits carried out on care records, the environment, fire safety and staff absenteeism. It contained feedback from quality assurance survey carried out involving all stakeholders and the outcome.

The inspector reviewed a sample of unannounced monthly quality monitoring visits including outcomes and actions. There was evidence that they qualitatively reflect service users & staff views & opinions.

Service users made the following comments:

- "This place is managed well."

Staff made the following comments:

- "Yes there are enough staff on duty to provide care."
- "The team here works well together."
- "I have no issues or concerns."
- "If I had a concern I would go to the service manager if it was not dealt with by the manager."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement, service user involvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Deirdre Mahon, 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 15(12) (b)</p> <p>Stated: First time</p> <p>To be completed by: 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>Records pertaining to incident reports should be retained to ensure that this can be verified at future inspections.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Acting Manager D.Mahon has access to RQIA web portal and will complete all relevant forms to notify RQIA of any incidents reported to the police.</p> <p>Since inspection Datix procedures have been updated in Ballyclose and updated Datix proforma is now being implemented. In addition to acting manager a second staff member has been allocated Datix handler duties to ensure incidents are managed and recorded in timely manner. All incidents recorded through Datix are printed out and retained in Datix folder so all staff can access them and they can be verified at future inspections.</p> <p>Datix Handling has been prioritised on agenda at staff meetings and all staff are aware of new guidance re Datix handling/reporting.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that information is available for staff and displayed on the notice board regarding the adult safeguarding arrangements. This should specify who the name of the trust's adult safeguarding champion. .</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff noticeboards have been updated since inspection with relevant information relating to adult safeguarding arrangements.</p> <p>Acting Manager D.Mahon contacted WHSCT Adult Safeguarding requesting information of trusts adult safeguarding champion. Advised that previous adult safeguarding champion Caragh Mc Laughlin has left post, in the absence of this post being filled Valerie Devine is the head of service for adult safeguarding and is taking on role of safeguarding champion. This information has been shared with team and is on staff noticeboard.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 16.1,2,3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that all fire safety checks are completed weekly in line with current fire safety legislation and a record of these checks should be retained.</p> <p>Ref: 6.3</p>
<p>Area for improvement 3</p> <p>Ref: Standard 5.4</p> <p>Stated: First time</p> <p>To be completed by: immediate and ongoing</p>	<p>Response by registered person detailing the actions taken: As acting manager I am aware that I have an ongoing responsibility to maintain fire safety standards and to ensure fire safety arrangements are implemented. To achieve this, i will ensure</p> <ul style="list-style-type: none"> - All staff attend mandatory fire training - I will comply with all fire risk assessments carried out by Fire Officer WHSCT and Apex Fire Officer - I will oversee weekly fire safety checks are completed -At staff meetings i will prioritse fire safety <p>The registered person shall maintain a record of any accidents or incidents reported to the referring HSC Trust, and keep a record of such reports available for inspection.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Since inspection Datix procedures have been updated in Ballyclose and updated Datix proforma is now being implemented. In addition to acting manager a second staff member has been allocated Datix handler duties to ensure incidents are managed and recorded in timely manner. All incidents recorded through Datix are printed out and retained in Datix folder so all staff can access them and they can be verified at future inspections. Datix Handling has been prioritised on agenda at staff meetings and all staff are aware of new guidance re Datix handling/reporting.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be completed by: immediate and ongoing</p>	<p>Staff are trained for their roles and responsibilities. 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>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>I will ensure all newly appointed staff complete structured orientation and induction. The WHSCT has an updated induction format which is inclusive of the key areas from the NISCC induction Programme. I will ensure the induction process is completed in a timely manner and induction records are retained in staff personal files so they can be verified at future inspections.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)