Unannounced Care Inspection Report
03 July 2017

Ferone Drive

Type of Service: Domiciliary Care Agency
Address: 1 -2 Ferone Drive, Donaghanie Road, Omagh, BT79 0NT
Tel No: 02882835868
Inspector: Amanda Jackson

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

Ferone Drive is a domiciliary care agency of a supported living type based in Omagh, which provides care and support services to service users who need support with mental health well-being. Five service users currently receive care and support from three support staff, led by a registered manager who is primarily based at another supported living type agency nearby. Service users live in their own homes in a range of single and shared dwellings.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care (HSC) Trust **Responsible Individual:** Mrs Elaine Way CBE	**Registered Manager:** Mrs Paula McCarron
Person in charge at the time of inspection: Senior support worker	**Date manager registered:** 02 November 2011

4.0 Inspection summary

An unannounced inspection took place on 03 July 2017 from 09.30 to 13.00 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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

Evidence of good practice was found in relation to service quality and care records and was supported through review of records at inspection and during feedback from service users, relatives and staff on inspection.

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

Service users and relatives spoken with by the inspector, spoke well of the service provided at Ferone Drive in regards to safe, effective, compassionate and well led care. Many examples of good practice were highlighted and have been detailed within the report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	4

Details of the Quality Improvement Plan (QIP) were discussed with the senior support worker 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 31 January 2017

No further actions were required to be taken following the most recent inspection on 31 January 2017.

5.0 How we inspect

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

- Previous inspection report and quality improvement plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

On the day of inspection the inspector spoke with three service users at Ferone Drive and two relatives, by telephone to obtain their views of the service. The service users interviewed have received assistance with the following:

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

During the inspection the inspector met with one staff.

The following records were examined during the inspection:

- Induction procedure
- One staff members' induction and training records
- Supervision policy and procedure
- Appraisal policy and procedure
- Three long term staff members' supervision and appraisal records
- Three long term staff members' training records
- Staff duty rotas
- Staff meeting minutes

- Staff disciplinary policy and procedure
- Adult safeguarding policy and procedure
- Whistleblowing policy and procedure
- Three long term service users' records regarding review and quality monitoring
- Statement of purpose
- Service user guide
- Service user meeting minutes
- Three monthly monitoring reports
- Service user annual quality surveys
- Communication records with trust professionals through annual review
- Complaints policy and procedure and the WHSCT complaints leaflet
- Staff handbook.

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

The findings of the inspection were provided to the senior support worker at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 January 2017

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

6.2 Review of areas for improvement from the last care inspection dated 31 January 2017

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

6.3 Inspection findings

6.4 Is care safe?

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

The inspector was advised by three service users and two relatives interviewed that there were no concerns regarding the safety of care being provided by the staff at Ferone Drive. New support staff are introduced to the service during induction shadowing; this was felt to be important in terms new staff having knowledge of the required care and support.

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

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

- "Peaceful and quiet place to live which I like."
- "Staff are very good."
- "I live independently and staff support me to do so."
- "xxx is living in the right place."

A range of policies and procedures were reviewed relating to staff recruitment and induction. These policies are held at another supported living type agency nearby where the registered manager for both services is based. The inspector found these policies to be up to date and compliant with related regulations and standards. The staff member spoken with during inspection confirmed all policies can be accessed at the other service or on the trust intranet. The training and development trust strategy was reviewed during inspection alongside a learning needs analysis which outlines staff mandatory training requirements for the year ahead.

The senior support worker verified all the pre-employment information and documents would have been obtained as required through the trust recruitment process. Review of staff recruitment records did not take place as staff are long term. Review of staff recruitment within other WHSCT regulated services confirmed compliance with Regulation 13 and Schedule 3. An induction programme had been completed with one staff member who transferred to Ferone Drive from another trust service. The Northern Ireland Social Care Council (NISCC) induction standards workbook had not been incorporated as part of the staff member's induction process. The inspector discussed full implementation of the NISCC induction standards for all future staff given that staff registration with NISCC is now mandatory. An area for improvement has been stated.

Review of one staff file supported an induction process outlined over three days. Shadowing shifts were reflected within the process and all mandatory training scheduled was evidenced within the records reviewed to confirm compliance with Regulation 16(5) (a). Discussion with one staff member during the inspection day confirmed they had received a comprehensive induction programme. Discussions with the senior support worker confirmed all staff members' are registered with NISCC and a system is in place to review staff renewal of registration. A system for checking staff renewal with NMC is currently in place for senior staff, the senior support worker discussed the same process being implemented for NISCC registered staff. A range of communication methods to be used by the agency to inform staff of their requirement to renew registration were discussed and will include discussion at staff meetings and through staff supervisions.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The agency has not developed a revised policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'); an area for improvement has been stated. The agency's whistleblowing policy and procedure was found to be satisfactory.

The staff member spoken with at inspection was knowledgeable regarding their role and responsibilities in regard to safeguarding and were familiar with the new regional guidance and revised terminology which has recently been rolled out within trust training programmes.

The inspector was advised that the agency had no safeguarding matters since the previous inspection; discussion with the senior support worker supported appropriate knowledge in addressing matters when they arise. The staff member spoken with during inspection also presented an appropriate understanding of their role in safeguarding and whistleblowing and was able to clearly describe the process. The adult safeguarding champion (ASC) was not detailed within the current policy and procedure which has been stated for review.

Staff training records viewed for 2016-17 confirmed all staff had completed the required mandatory update training programme however support staff did not have evidence of up to date medication training and competence assessment. An area for improvement had been stated. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas. Training is facilitated through the HSC trust training team. Staff who are responsible for administration of medications are also assessed during practical sessions on medication administration within service users' homes. Evidence of this assessment was contained within one senior support staff file reviewed during inspection but not within two support staff files. Discussion during inspection with the senior support staff confirmed satisfaction with the quality of training offered and spoke of the opportunities available to undertake additional training for their work and personal development.

Records reviewed for three staff members evidenced mandatory training, supervision and appraisal compliant with agency policy timeframes. Full records of staff training in compliance with standard 12.7 were found to be in place with exception to medication training for two support staff; an area for improvement has been stated. Staff supervision and appraisal were found to be consistently referenced within staff records reviewed. One staff member spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes.

The senior support worker confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. Review of three service users' records evidenced ongoing review processes, records had been signed by the service users and keyworker. Service users spoken with during inspection confirmed they are involved in annual reviews with the support staff and trust professionals. Review of service user support plans during inspection also supported a continuous review process at specified timeframes. Discussions with service users during inspection supported a process of ongoing review with service user involvement. The senior support worker 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.

Service users and relatives spoken with by the inspector, discussions with one staff member and review of agency rotas suggested the agency have appropriate staffing levels in place.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and induction and ongoing review of service users support needs.

Areas for improvement

Three areas for improvement were identified during the inspection and included procedural updates in compliance with safeguarding regional procedures and implementation of the NISCC induction standards for all new staff. Staff training for two support staff in the area of medication has also been recommended as an area for improvement.

	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 three service users and two relatives interviewed that there were no concerns regarding the support being provided by the staff at Ferone Drive.

No issues regarding communication between the service users, relatives and staff from Ferone Drive were raised with the inspector. Reviews were discussed with service users who stated they were involved in reviewing their support needs on a formal basis with their keyworker. The senior support worker confirmed service users received a questionnaire however the relatives and other stakeholders had not received a questionnaire from the agency to obtain their views on the service as part of the annual review process. Discussion with the senior support worker confirmed an annual quality review of the service is undertaken in the context of the overall trust wide review alongside the service specific annual review which was recently completed for 2016-2017. An area for improvement was discussed regarding relatives, staff and commissioner/trust professional inclusion in the annual quality review process and development of a report from the outcomes. An area for improvement has been stated.

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

- “Staff communicate with me.”
- “Very happy with the support and care being provided.”
- “Staff support me well.”
- “Everything’s going fine.”

Service user referral information was not reviewed during this inspection as all service users have lived at Ferone Drive for a number of years. The reviews completed by the agency annually with the trust evidenced that service users views are obtained and where possible incorporated. Review of support plans within the agency supported an ongoing inclusive process involving service users and keyworkers, the support plans had been signed by the service users and this was confirmed with service users during inspection discussions.
The service user guide was reviewed during inspection in accordance with standard 2.2. Assurances were provided by the senior support worker that the information would be provided to new service users when they come to live at Ferone Drive.

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

Service user records evidenced that the agency carried out ongoing reviews with service users regarding their care and support needs on an annual basis with the trust. Service users spoken with confirmed involvement in this process however records reviewed during inspection had not been signed off by all those involved in the review. This matter was discussed with the senior support worker for review ongoing. Ongoing review of the service users support plans within Ferone Drive were evidenced during inspection.

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

Questionnaires are provided for service users to give feedback on a rolling annual basis. This process and standard 8.12 was discussed with the senior support worker during the inspection in terms of the annual quality review. The inspector also discussed how the annual quality process should be inclusive of all stakeholders (relatives, staff and trust professionals) and the report outcomes shared with service users, relatives, staff and trust professionals. An area for improvement has been stated.

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection in respect of the annual quality review process being inclusive of all stakeholders including service users, relatives, staff and trust professionals.

	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.

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

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

- "Happy living in Ferone Drive"

- "Nice, quiet and peaceful"
- "Happy with support and care from staff and enjoy my independence"
- "Not all staff give me the attention/support as some of the others".
- "xxx is very happy living there".

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

Discussion with the senior support worker during the inspection highlighted no concerns regarding staff practice. Where issues regarding staff practice are highlighted via other processes such as complaints or safeguarding, the senior support worker discussed processes used to address any matters arising.

One staff member spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service users' wishes, dignity and respect.

Areas of good practice

There were examples of good practice found during the inspection in relation to the provision of compassionate care discussed by service users and relatives. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

Areas for improvement

One area for improvement was identified during the inspection and has been reflected in the previous sections regarding expansion of the annual quality review process to include staff and commissioners/trust professionals.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

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

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

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the manager, Mrs Paula McCarron, the agency provides domiciliary care/supported living to 5 adults living in Ferone Drive.

Review of the statement of purpose and discussion with the senior support worker evidenced that there was a clear organisational structure within the agency. The staff member was able to

describe their role and responsibilities and where clear regarding their reporting responsibilities in line with the agency procedures.

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

The policies and procedures which are maintained in paper format in another supported living service close to Ferone Drive were reviewed and the contents discussed with the senior support worker. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently. On staff spoken with during inspection confirmed that they had access to the agency's policies and procedures at the other service or via the trust intranet. A range of relevant polices were also held at Ferone Drive and evidenced for the inspector. The staff member confirmed that revised policies and procedures are discussed at staff meetings which take place on an ongoing basis.

The complaints log was viewed for 2016-2017 to date, with no complaints arising.

Discussion with the senior support worker confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No incidents or safeguarding matters have occurred since the previous inspection which required notification to RQIA.

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

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

Communications with commissioners of the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users need.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monthly monitoring processes and maintaining good working relationships with all key stakeholders.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	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 the senior support worker as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Agencies.Team@rqia.org.uk for assessment by the inspector.

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

Quality Improvement Plan

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

Area for improvement 1 **Ref**: Standard 12.1 **Stated:** First time **To be completed by:** 03 October 2017	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.
	Response by registered person detailing the actions taken: All newly appointed support workers will receive an induction that is two-fold;- Ferone Drive three day induction completed immediately on starting a post and the induction as outlined by NISCC which has a 3 to 6 month timescale to be completed. At present NISCC are reviewing their processes and have indicated their induction workbook will not be required and they will inform managers of when this will come into place
Area for improvement 2 **Ref**: Standard 14.1 **Stated:** First time **To be completed by:** 03 October 2017	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.
	Response by registered person detailing the actions taken: The procedure for protecting vulnerable adults are in accordance with the above.
Area for improvement 3 **Ref**: Standard 12.7 **Stated:** First time **To be completed by:** 03 October 2017	A record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff. The record includes: • the names and signatures of those attending the • training event • the date(s) of the training • the name and qualification of the trainer or the • training agency; and • content of the training programme.
	Response by registered person detailing the actions taken: This information was not made available to the inspector at the time of inspection. The information is available through the CEC education site under the manager's name and the specific staff's name. staff are now required to also keep a paper copy of the above information in their individual files.
Area for improvement 4 **Ref**: Standard 8.12	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.

Stated: First time **To be completed by:** 03 January 2018	**Response by registered person detailing the actions taken:** As manager, I have contacted by email, inspector Ms Amanda Jackson on Mon 07/08/2017 for clarification on what is expected in a yearly review. As manager I will have a review our process to meet standard 8.12. based on our discussion within the stated timescale..

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

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