

Unannounced Care Inspection Report 10 September 2019



Ferone Drive

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

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

Ferone Drive is a supported living type domiciliary care agency located in Omagh. The agency's aim is to provide care and support to meet the individual assessed needs of people with enduring mental health issues. Under the direction of the manager, staff are available to support service users 12 hours per day with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual(s): Dr Anne Kilgallen	Registered Manager: Mrs Paula McCarron
Person in charge at the time of inspection: Mrs Paula McCarron	Date manager registered: 2 November 2011

4.0 Inspection summary

An unannounced inspection took place on 10 September 2019 from 10.00 to 13.30 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.

The inspection assessed progress 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.

As a public-sector body, RQIA have duties 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 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. They should also experience the choices and freedoms associated with any person living in their own home.

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, decision making, privacy, dignity, confidentiality and service user involvement.

Staff interactions observed by the inspector were noted to be very warm and caring. Each service user consulted spoke positively in relation to the care and support received.

Evidence of good practice was found in relation to:

- staff supervision and appraisal
- maintaining working relationships with all stakeholders
- person-centred care records

No areas of improvement were identified during this inspection

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Paula Mc Carron, registered manager as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 13 August 2018

No further actions were required to be taken following the most recent inspection on 13 August 2018.

5.0 How we inspect

During the inspection the inspector met with four service users and two staff and spoke on the telephone to a visiting professional. Following the inspection the inspector spoke on the telephone to a service user's representative.

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 provide their views electronically to RQIA regarding the quality of service provision; no valid responses were received at the time of writing this report.

Ten questionnaires were also provided for distribution to the service users and their representatives; no responses were returned within the timeframe for inclusion within this report no responses were returned.

The inspector would like to thank the registered manager, service users, service user's relatives 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 13 August 2018

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

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 agency's systems in place to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements within the agency.

The agency has a recruitment policy that outlines the procedures for ensuring that required staff pre-employment checks are completed. Discussions with the manager indicated that they had a clear understanding of the recruitment process and the need for robust systems to be in place. The manager stated that staff are not provided for work in the homes of service users until all required checks have been satisfactorily completed. Currently there are only two full time members of staff on the staff rota and they are supported by the manager who also manages a sister service and a core of bank staff from the trust bank.

Discussions with staff and records viewed indicated that the agency's induction programme is in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are provided with an initial induction and in addition shadow other staff employed by the agency. The manager confirmed that there had been no new staff employed since the last inspection. The agency's new induction policy details the induction programme provided; it is in excess of the three day timescale as outlined within the domiciliary care agencies regulations. Staff are required to complete an induction workbook based on the Northern Ireland Social Care Council's (NISCC) Standards for care workers. The inspector also viewed evidence of a short notice induction procedure for emergency situations.

It was identified that the agency has a system in place to ensure that staff are registered appropriately with the relevant regulatory body. The agency retains details of the registration status and expiry dates of staff required to be registered with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council. The manager stated that staff are not supplied for work if they are not appropriately registered and the registration of staff is monitored by the organisation's Human Resource (HR) department.

Examination of records indicated that a system to ensure that staff supervision and appraisal are planned in accordance with policy has been maintained. A staff member who spoke to the inspector provided feedback that they had supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training records which indicated compliance with regulation and standards and the Trust's mandatory training.

The agency’s provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance.

It was noted that staff are required to complete safeguarding training during their induction programme and regular training updates. From training records viewed it was noted that staff had received training in relation to adult safeguarding and child protection.

The inspector was informed that the organisation was in the process of completing an Adult Safeguarding Position report due 2020.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. The inspector also discussed the recent changes the Northern Ireland Ambulance Service (NIAS) has made in relation to how they plan to respond where service users have fallen, but are uninjured.

The inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The person in charge could clearly describe the process for assessing and reviewing risk. Records confirmed that comprehensive risk assessments and care plans had been completed in conjunction with service users and their representatives.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The review of two service users’ care records identified that they were comprehensive, person-centred and maintained in an organised manner.

The care records evidenced referral information, risk assessments, care plans and annual care reviews with the relevant Trust representative. This supported the service user and agency to review and measure outcomes for the service users. Care plans were noted to be very person-centred and to clearly and concisely describe service users' needs. It was evident that human rights considerations were reflected in the assessments and outcome based care plans.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care and support plans had been signed by service users or their representatives to indicate that they had been involved in their care and had agreed to it. It was noted that where care support plans had been reviewed, the updated documents had been signed.

Records viewed during the inspection were noted to be well organised and retained securely in accordance with legislation, standards and the organisational policy.

Service users stated that staff supported them to contribute to their individual risk assessment and care planning processes. Staff record daily the care and support provided.

The person in charge confirmed that HSC Trust representatives were contactable when required, regarding service user matters, and evidence of these communications were evident during inspection. During the inspection the inspector spoke on the telephone with a professional from the HSC Trust. Comments included;

- “Ferone staff have a good therapeutic relationship with service users.”
- “Staff are very knowledgeable.”

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.

	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 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.

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.

All those individuals who spoke to the inspector described how service users can make choices about the care and support they receive and provided assurances that service users can refuse any aspect of their care. Staff discussed the risks that may arise due to choices made by service users and could describe the process for raising concerns with the manager in relation to any identified risks.

Discussions with the service users, staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle. Service users' comments included:

- "I like living here, staff are very good."
- "I absolutely love it Paula is one of the nicest people you could meet."
- "I have independence do most things for myself."

Compliments from service users received by the agency as part of the annual survey included:

- "Just really happy living here, happy with staff and neighbours."
- "We are like one big family."

Relative's comments included:

- "XXX has been there a while, really happy they understand XXX's ways".
- "There is independence and care, I am kept up to date."

The manager discussed a recent review of risk concerning a service user with complex physical needs; at this review it was decided that this person's needs could not be adequately met in an environment without 24 hour staffing. Arrangements were made to transfer the tenancy to another better staffed supported living facility; this allowed a service user to maintain their independence with agreed extra support and monitoring.

Staff meeting minutes were also reviewed during inspection, areas for discussion included:

- Human Rights
- Fire Safety

- Health and safety issues

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 inspector reviewed the management and governance systems in place within the agency to meet the needs of the service users. It was identified that the agency has effective systems of management and governance in place.

The agency’s Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The day to day operation of the agency is overseen by the manager who is based in Four Oaks Supported Living facility, and is supported by two permanent staff and a core group of staff from the trust bank. Staff are available within Ferone Drive from nine in the morning until nine in the evening. Staff from Four Oaks provide support to service users overnight and are contactable by phone.

The staff member spoken with confirmed that there were good working relationships and that the line manager was responsive to any suggestions or concerns they raised. Comments included:

- “Paula is such a good manager.”
- “I feel supported by the staff from Four Oaks.”
- “Service users have a brilliant quality of life.”

Processes for engaging with and responding to service users comments were evident in monthly monitoring reports and in the consultations for the annual survey.

The agency has a range of policies and procedures which are retained in the agency’s office and electronically, where staff can access them. The policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency's complaints policy outlines the process for managing complaints; discussions with the manager and staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was noted that staff receive awareness training in relation to management of complaints during their induction programme. The service users and relatives spoken to could describe the process for raising concerns; this indicated that service users/relatives have access to clear and fair processes for getting their views heard in line with their human rights and to raise and resolve concerns or complaints. There were no complaints received since the last inspection.

There are management and governance systems in place within the agency to promote and drive quality improvement. Discussions with staff indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of compliments and complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA. The inspector noted that there is a new management of risk policy (2019).

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement 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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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