

Unannounced Care Inspection Report

13 August 2018



Ferone Drive

Type of Service: Domiciliary Care Agency

Address: 1 -2 Ferone Drive, Donaghane Road, Omagh, BT79 0NT

Tel No: 02882835868

Inspector: Michele Kelly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Dr Anne Kilgallen	Registered Manager: Mrs Paula McCarron
Person in charge at the time of inspection: Support Worker	Date manager registered: 2 November 2011

4.0 Inspection summary

An unannounced inspection took place on 13 August 2018 from 09.45 to 14.00 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:

- care records including the one page profile
- staff supervision and appraisal
- maintaining working relationships with all stakeholders

No areas of improvement were identified during this inspection.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

The inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Paula Mc Carron, Registered Manager, as part of the inspection process and can be found in the body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 03 July 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 3 July 2018.

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 incidents
- correspondence with RQIA

During the inspection the inspector met with four service users, one member of staff, and following inspection had a telephone conversation with one service users' representative. The inspector also had telephone contact with a Trust professional subsequent to the inspection.

The following records were examined during the inspection:

- three service users' care and support plans
- care review records
- Health and Social Care Trust (HSC Trust) assessments of needs and risk assessments
- recording/evaluation of care records
- monthly quality monitoring reports
- staff meeting minutes
- tenant meeting minutes
- records relating to staff training, including induction training
- records relating to staff supervision
- staff rota information
- staff communication records
- recruitment policy
- supervision policy
- induction policy
- safeguarding adults procedures
- whistleblowing policy
- Statement of Purpose
- Service User Guide

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 invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report. The support worker in charge was also asked to distribute ten questionnaires to service users/family members. Two responses were received prior to the issue of the report.

The inspector requested that the person in charge place a 'Have we missed you...?' card in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

The inspector would like to thank the 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 most recent inspection dated 03 July 2017.

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

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

6.2 Review of areas for improvement from the last care inspection dated 3 July 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 12.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The inspector evidenced that NISCC's Induction Standards for new workers in social care is incorporated into the agency's new induction programme.	
Area for improvement 2 Ref: Standard 14.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The inspector evidenced procedures in place for protecting vulnerable adults in line with regional protocols.	

Area for improvement 3 Ref: Standard 12.7 Stated: First time	<p>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:</p> <ul style="list-style-type: none">• 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	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector evidenced records relating to staff training in each staff members file outlining the training agency, the date of training and the name of the course and certificates of attendance.</p> <p>.</p>	
Area for improvement 4 Ref: Standard 8.12 Stated: First time	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector evidenced an annual quality service review for the agency which involved stakeholders.</p>	

6.3 Inspection findings

6.4 Is care safe?

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

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency. The staff member on duty advised the inspector that the agency uses a small number of bank staff who currently are employed by the Trust. There is one staff member on duty each day from nine am to nine pm and support is available at all times from another supported living facility nearby where the registered manager for both services is based.

The recruitment policy details the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The organisation's Human Resources department co-ordinates the recruitment process. This includes input from the manager.

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.

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

The staff member who spoke with the inspector was confident regarding their role and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that the agency had not made any safeguarding referrals to the Trust since the last inspection 3 July 2017.

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

The person in charge provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

Comments received during inspection.

Service users' comments

- "No complaints about here."
- "I am happy and I feel safe."

Staff comments

- "I think this is a great facility."
- "I am happy at work and I don't feel isolated, we have the connection with Four Oaks and Paula the manager".

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff 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

6.5 Is care effective?

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

The agency's arrangements for responding to, assessing and appropriately meeting the needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

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. Following the inspection the inspector spoke on the telephone with a professional from the HSC Trust. Comments included;

- "My client gets good care."
- "Staff liaise with me if there are issues"

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Observations of staff interaction with service users during the inspection, discussions with service users and staff provided evidence that staff communicate effectively with service users.

Quality monitoring reports viewed indicated that the process is effective in identifying areas for improvement; an action plan is developed. Reports include comments from service users, staff, and HSC Trust representatives and where appropriate service user representatives. The reports provide details of the review of the previous action plan; review of any complaints, accidents, and incidents; including those reportable to RQIA. In addition safeguarding matters; staffing arrangements, training, care records, medication and financial management arrangements are monitored as part of the process.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, 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

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection assessed the agency's ability to treat service users with dignity, equality, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

It was noted that staff had received training relating to confidentiality and equality during their initial induction. Discussions with service users, a relative and staff, documentation viewed and observations made during the inspection indicated that the promotion of values such as dignity, equality, respect and choice were embedded in the ethos of the organisation. Service user care records viewed by the inspector contained information in relation to their individual needs, choices and preferences.

Discussions with staff and service users indicated that care and support is provided in an individualised manner; they discussed a range of methods used for effectively supporting service users in making informed choices. Service users stated that they are involved in discussions relating to their individual care, support and daily routines; they stated that they can make choices about their everyday lives.

The inspector was informed of a "one page profile" document which is being added to service user records. This document describes on one page the matters important to the service user and information designed to help carers communicate meaningfully with service users. An example was available on the day of inspection and the inspector commends the person centred, easy read information which has been created in partnership with service users to address matters such as;

- "What people appreciate about me."
- "What is important to me."
- "How to support me."

The staff member spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user's wishes, dignity and respect. Comments included;

- "They are all a pleasure to work with it is not a chore to come to work."
- "I think the service users have a good quality of life."

They also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

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 in the development of care records.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained information in compliance with the relevant standards and regulations.

On the date of inspection the RQIA certificate was displayed appropriately and was reflective of the service provided

Review of team meeting records indicated that team meetings took place on a regular basis; the staff member who spoke to the inspector verified this and also informed the inspector that they could contribute items to the agenda for these meetings. The person in charge indicated that the small staff team is supportive to each other and that staff communication is good.

Review of tenant meeting minutes by the inspector showed the views of service users are taken into account in planning and making decisions.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; staff confirmed they have access to policies electronically. Policies and procedures viewed during and following the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service.

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, staff, relatives as appropriate and community keyworkers, and progress on improvement matters.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

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

- effective communication
- service user involvement
- advocacy
- equal care and support
- individual person centred care

All of the service users and the relative who spoke with the inspector confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, 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

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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