

Announced Care Inspection Report 31 January 2017



Ferone Drive

Domiciliary Care Agency/Supported Living
1 -2 Ferone Drive, Donaghane Road, Omagh, BT79 0NT
Tel no: 028 8283 5868
Inspector: Rhonda Simms

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Ferone Drive took place on 31 January 2017 from 10.30 to 16.30.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

During the inspection the inspector found a range of evidence to indicate that the agency was delivering safe care. The agency maintains a stable provision of appropriately trained and supervised staff who understand the needs of service users. The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. It was noted that agency staff know how to identify safeguarding concerns and refer appropriately to the HSC Trust. There are established systems of person centred assessment, and review of needs, wishes, and risks which contribute to the safety of care delivered to service users. No recommendations or requirements were made.

Is care effective?

During the inspection the inspector found a range of evidence to indicate that the agency was delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users are involved in the development of care and support plans which are reviewed regularly with HSC Trust professionals. The quality monitoring arrangements include consultations with service users/their representatives, and provide a system of audit and service improvement. The agency maintains effective communication with service users, relatives and key stakeholders including the HSC Trust. The inspector received feedback from service users which indicated that service provision had resulted in positive changes in the lives of service users. No recommendations or requirements were made.

Is care compassionate?

During the inspection the inspector observed interactions between staff and service users and received feedback from service users and relatives which indicated that the dignity and promotion of independence of service users are upheld through service delivery. There was evidence of the agency's maintenance of systems to ascertain service users' wishes and feelings, and involve them in decision making. No recommendations or requirements were made.

Is the service well led?

During the inspection the agency was found to be delivering a well led service where clear management and governance systems are maintained to meet the needs of service users. The inspector found that staff are aware of their roles, responsibility and accountability within the organisational structure. There are effective working relationships with key stakeholders including service users, relatives and the HSC Trust. No recommendations or requirements were made.

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

1.1 Inspection outcome

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

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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection of 28 September 2015.

2.0 Service details

Registered organisation/registered person: Western Health and Social Care Trust Elaine Way	Registered manager: Paula McCarron
Person in charge of the service at the time of inspection: Paula McCarron	Date manager registered: Paula McCarron 5/11/11

3.0 Methods/processes

Prior to inspection the following records were analysed:

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

During the inspection the inspector spoke with the registered manager, two support staff, and four service users.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; none were returned. The inspector spoke with two of the three staff who comprises the staff team as part of the inspection. At the request of the inspector, questionnaires were distributed for completion by service users; five were returned.

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

The following records were examined during the inspection:

- A range of care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Service users' meeting minutes
- Service user survey information
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints and compliments records
- Incident records
- Records relating to safeguarding adults
- Induction records
- Staff rota information
- Records relating to recruitment processes
- Recruitment policy 2015
- Supervision policy 2013
- Operational Guidelines for Adult Safeguarding 2014 (Draft guidelines pending inclusion of regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015)
- Adult Safeguarding Operational Procedures
Adults at Risk of Harm and Adults in Need of Protection September 2016
- Risk management strategy 2012 and policies relating to risk management
- Incident policy 2014
- Whistleblowing Policy 2015
- Policy relating to data management 2015
- Complaints procedure 2016
- Statement of Purpose 2017
- Service User Guide 2017

4.0 The inspection

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. Six 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.

4.1 Review of requirements and recommendations from the most recent inspection dated 28/09/2015

The most recent inspection of the agency was an announced care inspection; there were no requirements or recommendations made as a result of this inspection.

4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process. The inspector was advised by the registered manager that the human resources department ensures that pre-employment checks are completed in accordance with regulations; an example of the checklist was provided.

The inspector discussed staffing ratios with the registered manager and support staff. Examination of staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The inspector noted that flexibility of staff allows vacant shifts to be covered by the current staff team, or staff who work at a neighbouring agency operated by the provider; this enables the agency to provide familiar staff to provide services to service users. The inspector noted that the agency has a low incidence of staff absence.

It was noted that the agency has an induction policy and induction programme of at least three days in accordance with Regulations. Induction records seen by the inspector indicated that the induction programme had been provided in accordance with Regulations. The induction arrangements seen by the inspector include the suitable induction of temporary staff. The inspector was informed that new staff are supernumerary for an initial two week period when they shadow experienced staff; this allows staff time to learn their role and enables service users to get to know new staff.

Records of training were reviewed by the inspector and it was noted that mandatory training and additional training which is beneficial to service users had been attended by staff. Some agency staff have received training in the mental health recovery model, management of challenging behaviour, physical health needs, and discovering diversity. Staff provided positive feedback regarding the registered manager's oversight of the provision of training. The inspector noted that staff new to the staff team had received or were booked to receive key mandatory training such as safeguarding training.

Examination of records indicated that a system has been maintained to ensure that staff supervision and appraisals are planned and completed in accordance with policy. Staff receive quarterly supervision, including one to one supervision with their immediate line manager, group supervision, an annual appraisal, and individual medication competency assessments. Staff who provided feedback to the inspector commented on the ready accessibility of the registered manager for appropriate consultation, both inside and outside of her normal working hours. In the absence of the registered manager, staff can seek consultation with appropriate senior managers or the regional emergency out of hours social work service.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults. Safeguarding training provided by the Western Health and Social Care Trust includes the most up to date regional guidance and 'Adult Safeguarding Operational Procedures' September 2016. A safeguarding champion has been appointed within the agency's senior management team, and staff have access to the adult safeguarding professionals within the HSC Trust.

Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter. Staff who provided feedback to the inspector showed a good understanding of safeguarding issues and were clear regarding agency procedures.

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

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The agency operates within a risk management strategy and range of policies relating to risk management. The inspector examined appropriate risk assessments completed with individual service users in conjunction with the HSC Trust, which are regularly evaluated and reviewed. It was noted that the review arrangements with the HSC Trust multidisciplinary teams allow for flexible and regular review of service users as indicated by their level of need. Discussion with agency staff and examination of records indicated that the agency engages in positive risk taking and promotion of independence in conjunction with service users.

Of questionnaires returned by service users, five were 'very satisfied' that care is safe.

Service user comments:

- 'I feel very safe here'
- 'I am very happy with my care'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2017) and Service User Guide (2017).

The inspector reviewed a range of service users' care and support plans. Staff informed the inspector that care and support plans are developed with service users in conjunction with assessment information provided by HSC Trust professionals. Records and staff feedback indicated at least three monthly reviews of care and support plans by the key worker and service user, and at least annual review with the HSC Trust.

The inspector noted that care and support plans were updated accordingly in response to changes in service users' needs or wishes.

The registered manager discussed the agency's review of care and support plans and risk assessment in response to feedback from a key stakeholder. The registered manager advised the inspector that a revised care and support plan format is being piloted in another agency prior to evaluation and implementation at Ferone Drive.

The inspector examined a range of records maintained by agency staff in accordance with agency policy, legislation and standards. It was noted that records are clear, professionally written and include contribution from service users.

The agency maintains a system of quality monitoring to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by appropriate individuals who have knowledge of the service.

The quality monitoring system provides a good standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matters. The inspector noted that feedback from service users and their representatives included in quality monitoring reports was of a positive nature and provided assurance of a good standard of service provision. Where issues of concern have been raised through quality monitoring, the response of the registered manager is clearly documented.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users indicated that staff are approachable and open to communication. Service users provided feedback that they know who to go in the agency to discuss an issue or complaint and were confident of an appropriate response.

During the course of the inspection the inspector observed that service users appeared to have good relationships with the registered manager and staff. Service users commented positively about their relationships with staff and ease of access to staff support.

Maintenance of a system to record complaints and compliments, quality monitoring reports, care records, and the service user evaluation survey provided evidence of how the agency maintains records of comments made by service users and/or their representatives. Records of service users' meetings indicated that service users are actively encouraged to contribute their views, have been involved in decision making processes, and were informed of changes in staffing.

Staff commented:

- (Service users) 'very much speak out'.
- 'They come and speak to staff if they're not happy with something.'

The inspector received feedback from staff, and saw documentation which indicated that the agency maintains effective methods of relevant communication and partnership working with key stakeholders including relatives and the HSC Trust. The inspector found that quality monitoring reports included a number of constructive and positive comments regarding quality of care.

- (Ferone Drive is) 'so suitable to the needs of the service user.'
- 'Staff are doing their best.'
- 'I have no worries.'
- (Relative) 'is very happy.'
- 'Very happy to see (relative) there.'

Service user comments:

- 'Very good and happy.'
- 'Very good care.'
- 'All the staff are good here, I have no complaints.'

Of questionnaires returned by service users, four were 'very satisfied' that care is effective and one was 'satisfied'.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users in decisions affecting their care and support. In the course of the inspection, the inspector found indications that the values stated in the Minimum Standards, including dignity, respect, independence, choice, rights, equality and diversity, were present in service delivery at Ferone Drive.

The inspector observed staff interacting with service users in a manner which showed respect and promoted choice. Positive relationships between staff and service users were evident to the inspector; service users provided good feedback about how well they are treated by staff.

Service users commented:

- 'The staff are very good.'
- 'We're very well looked after.'
- 'We can speak to the nurses if we've any complaints.'
- 'There's good support.'
- 'I enjoy my time here.'
- 'Staff are very caring.'
- 'Staff very understanding.'
- 'I am very content living here.'

The inspector noted that service users were able to exercise choice regarding a range of daily decisions. Service users who spoke with the inspector described how they make their own decisions regarding their daily routine and where they choose to go.

The inspector found that service users were involved in a range of different activities and facilitated to pursue varying interests. A service user has been supported to look after pets; staff noted that this had a positive effect on the service user's mental well-being. Service users who provided feedback to the inspector expressed interest in a range of activities including music, eating out, animals, and driving. Service users provided positive feedback to the inspector regarding a holiday which they recently instigated and enjoyed together.

The inspector found evidence to indicate that the independence of service users has been promoted through the provision of service at Ferone Drive. One service user had moved from a shared house to living on their own, in accordance with their choice for privacy and personal space. It was noted that service users understood how to access assistance from a neighbouring agency at night if required, when Ferone Drive is not staffed.

Staff comments:

- 'It's 100% up to them, we work around them.'
- 'They work at their own speed, we work at their pace.'
- 'We know the (service users) very well, their likes and dislikes.'

The inspector found that the agency seeks the views of service users and representatives on the standard and quality of care through the course of daily service provision, in addition to formally through monthly quality monitoring, service user meetings, review meetings, and an annual service user survey. The results of the annual service user survey are provided to service users through a service user meeting. It was noted that the survey elicited a high degree of positive feedback. Quality monitoring reports and service user meeting minutes document progress towards improvement in services.

Of questionnaires returned by service users, four were 'very satisfied' that care is compassionate, and one was 'satisfied'.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

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

The agency maintains and implements policy relating to complaints and compliments. The inspector noted that no complaints were recorded during the reporting period of 1 April 2015 to 31 March 2016.

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

The management structure of the agency is clearly defined and was well understood by staff and service users. Staff who provided feedback to the inspector were informed of their responsibilities and understood their roles. Written and verbal guides to roles and responsibilities were available to staff on a daily basis. There was evidence of regular and effective staff supervision and appraisal. Staff who provided feedback to the inspector commented on supportive working relationships within the staff team, including their relationship with the registered manager.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review (2017).

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders which are valued by staff. The inspector noted positive feedback from HSC Trust professionals recorded in quality monitoring reports regarding the quality of service provision at the agency.

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

Of questionnaires returned by service users, four were 'very satisfied' that the service is well led.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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



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