

Unannounced Care Inspection Report 2 October 2019



Avoca Lodge

Type of Service: Domiciliary Care Agency
Address: Gransha Park, Clooney Road, Londonderry, BT47 6TF
Tel No: 02871865222
Inspector: Aveen Donnelly

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

Avoca Lodge is a domiciliary care agency, supported living service, which can provide care and support for up to ten service users with enduring mental health problems. Care and support is provided by staff onsite on a 24 hour basis. Service users can receive assistance with personal care needs and support to maintain a tenancy with the aim of promoting independence and social inclusion.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual: Dr Anne Kilgallen	Registered Manager: Deirdre Mahon (Acting)
Person in charge at the time of inspection: Deirdre Mahon	Date manager registered: Not applicable

4.0 Inspection summary

An unannounced inspection took place on 02 October 2019 from 10.00 to 16.15.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have 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 seek 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.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff recruitment, supervision and appraisals and risk management. The care records were well maintained and there was evidence that the agency engaged well with the service users. There were examples of good practice identified throughout the inspection in relation to the provision of compassionate care. There was a culture within the service which focused on maintaining good working relationships.

It was evident throughout the inspection that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, equality, choice, dignity, confidentiality and service user involvement.

Areas for improvement related to staff training and records management.

Service users indicated that they were happy with the care and support provided.

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	2	0

Details of the Quality Improvement Plan (QIP) were discussed with the Deirdre Mahon, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 21 September 2018

No further actions were required to be taken following the most recent inspection.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

A range of documents policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff responded.

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 and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Questionnaires were also provided for distribution to the service users and their representatives; five were returned and details of the responses are included within the report.

The inspector spoke with three service users and two staff members. Comments received are reflected within the body of the report.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 21 September 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 staff recruitment processes were noted to be managed by the organisation's human resources department (HR). Discussions with the manager indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work until required pre-employment checks as outlined within the minimum standards have been satisfactorily completed and verified.

New employees were required to complete an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. Bank staff were also provided with a three day induction in keeping with the regulations.

There was a rolling programme of supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes. It was good to note that additional training had been provided to staff in areas such as human rights, confidentiality, data protection, incident reporting, control of substances hazardous to health (COSHH) and Management of Actual and Potential Aggression (MAPA). Competency assessments were completed annually in relation to medicines management.

Staffing levels were not consistently maintained and it was noted that the staffing numbers varied from day to day. The staff spoken with indicated that this impacted upon their ability to consistently meet the service users' needs in a timely manner and that they had to be flexible in relation to taking the service users out when they wanted. It was also noted that there was a shared care arrangement in place for one identified service user, which impacted on the staffs' flexibility in leaving the building. However, staff spoken with indicated that the service users' needs were being met, albeit after changes being made, to the times they did certain things with them. The review of the staff meeting minutes identified that senior management had met with the staff to discuss their concerns and that plans are in progress to appoint a new staff member. The inspector was satisfied that there was currently no evidence that the service users' needs were not being met. The manager advised that staff interviews had taken place the week prior to the inspection. The staffing arrangements will be followed up at future inspection.

However, staff spoken with also discussed the impact they felt the staffing levels had on them. They reported that they were frequently unable to attend training, as they were required to work additional shifts. The review of the training matrix confirmed that a number of staff were overdue their update training in adult and child protection training; and two staff members had yet to complete their child protection training. Following the inspection the manager provided RQIA with the planned dates for this training. An area for improvement has been made in this regard.

The inspector was shown the WHSCT protocol and informed by the manager that the Trust are not required to have an identified Adult Safeguarding Champion or Annual Position Report. RQIA are currently seeking clarity in respect of this matter from the Health and Social Care Board.

The review of records confirmed that any potential safeguarding incidents had been referred appropriately. Any safeguarding issues were reviewed as part of the monthly quality monitoring processes, to ensure any follow up action was taken. Advice was given in relation to maintaining a centralised folder to ensure all safeguarding incidents could be easily accessed.

The inspector reviewed a sample of accident and incident records and confirmed that they had been managed appropriately. These areas were reviewed by the management team as part of their quality monitoring processes.

The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the manager advised that they did not identify any potential challenges in this regard.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. The inspector was advised that there were no restrictive practices in use within the agency. However, the inspector observed an audio monitoring device which had recently been purchased, to help the staff hear an identified service user calling for assistance. The manager described its use and the service user's choice to use this device and also their ability to turn the device off when in their bedroom. A meeting was planned to take place with the HSC representative in relation to the use of this device. Following the inspection, the manager advised RQIA by email on 4 November 2019 that the relevant agreements, risk assessments and care plans had been updated.

Care records and information relating to service users were stored securely and accessible by staff when needed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, supervision and appraisals, adult safeguarding and risk management.

Areas for improvement

An area for improvement was made in relation to staff training.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

The review of the care records identified that they were comprehensive and person-centred. The care records evidenced referral information and risk assessments.

The care plans reviewed identified that consideration had been given to the service users' human rights. This related particularly to, but was not limited to, the service users' rights to privacy and dignity; personal choices and autonomy.

Care reviews were held annually and records were retained. It was noted that the service users signed their care review notes, to evidence that they had either read the notes, or that they had been read to them.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders.

Service user' and staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

The agency had quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. This included consultation with a range of service users, relatives, staff and where appropriate HSC Trust representatives.

Areas of good practice

The care records were well maintained and there was evidence that the agency engaged well with the service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 was provided with a number of examples which demonstrated that the staff had promoted the service users independence, resulting in positive outcomes for the service users. One staff member described how a number of service users' confidence increased and they were able to make the transition to more independent living.

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.

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.

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

Records of service user meetings and reports of quality monitoring visits indicated the agency had systems for regularly engaging with service users and where appropriate relevant stakeholders.

Staff spoken with were aware of issues relating to consent. The review of the care records identified that staff had sought the service users consent to share information with family members, in relation to certain aspects of their care.

Where appropriate, service users were encouraged to self-administer their own medications.

Participation in activities in the local and wider community were encouraged, with appropriate staff support; it was good to note that the service users were involved in planning the activities they wished to partake in.

The inspector spoke with two service users, who indicated that they were happy living in Avoca House.

The inspector also spoke with two staff members who all spoke positively in relation to the care and support provided, despite the staffing pressures they spoke of. Refer to section 6.3 for further detail.

The returned questionnaires from five service users indicated that that they were ‘very satisfied’ that the care was safe, effective and compassionate; and that the service was well led. Written comments included:

- “I like living in Avoca, it is great in here.”

One service user provided written comment in relation to a specific matter. Following the inspection, this was relayed to the manager, for review and action as appropriate.

Areas of good practice

There were other examples of good practice identified throughout the inspection in relation to the provision of individualised care and engagement with service users with the aim of promoting the safety of service users and improving the quality of the service provided.

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.

As discussed in section 6.3, the inspector reviewed the staffing rosters. It was identified that the records were not maintained in keeping with best practice. For example, full names were not recorded, nor were the designations of staff. Therefore the inspector was unable to determine which of the identified staff were qualified and which were not. In addition the review of the alphabetical list of staff identified that this was not up to date. This was discussed with the manager. An area for improvement has been made in relation to records management.

There had been a small number of minor complaints received from the date of the last inspection and these were deemed by the inspector to have been managed appropriately and in accordance with legislation, standards and the agency’s own policies and procedures. The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). A review of the records confirmed that all staff were currently registered with NISCC or with the Nursing and Midwifery Council. The manager confirmed that information regarding registration and renewal dates were maintained by the agency.

Information was also given to the manager in relation to the new Learning Zone, created by NISCC, which aims to provide registrants with a range of learning tools and information guides. The manager welcomed this information and agreed to share this with the staff.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

The inspector was advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency's policies and procedures:

- service user' finances
- environmental audits
- fire safety audits
- kitchen audits

Advice was given to the manager in relation to formalising the auditing processes in relation to care records and also in relation to accidents and incidents.

Processes for engaging with and responding to the comments of service users and their representatives were also evident within the agency's annual quality service user surveys.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in electronic and hardcopy format and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the relevant HSC Trust representatives, families of the service users and staff. The agency had received positive feedback through the quality monitoring report from HSC trust' representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There was a culture within the service which focused on maintaining good working relationships.

Areas for improvement

An area for improvement was made in relation to records management.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Deirdre Mahon, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 16 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of the inspection</p>	<p>The registered person shall ensure that each employee of the agency receives training and appraisal which are appropriate to the work he is to perform.</p> <p>This refers specifically to adult safeguarding and child protection training.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: All 10 staff have received Appraisal July/August 2019 . Adult Safeguarding - 8 out of 10 staff have received adult safeguarding training within mandatory time frame. 1 staff member has training booked for 23/3/20, 1 other staff member has training booked for 02/04/20. Child Protection Training - 5 out of 10 staff have received child protection training within mandatory time frame. 3 staff members are booked to attend training on 12/02/20. 1 staff member is booked to attend on 12/3/20.1 staff member has attempted to secure training date but there is none available at present. As soon as training date becomes available she will secure date.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21(1)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of the inspection</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are kept up to date and in good order.</p> <p>This refers specifically to the recording of full names and staff designations on the staff roster; and in relation to the alphabetical list of domiciliary care staff.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: There is a robust rota system in place in Avoca. An updated alphabetical list is in front of roster detailing all staff in the team. The staff roster is now updated detailing full names and designation of staff.</p>

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



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