

Unannounced Inspection Report 8 August 2016



Avoca Lodge

Domiciliary Care Agency/Supported Living Service
Gransha Park, Clooney Road, Londonderry, BT47 6TF
Tel No: 028 7186 5222
Inspector: Michele Kelly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Avoca Lodge took place on 8 August 2016 from 10.30 to 14.30 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the supported living facility was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

During the inspection the agency was found to be competently 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 understand how to identify safeguarding concerns and appropriately implement management plans in conjunction with the HSC Trust. There are established systems of person centred assessment, and review of needs, wishes, and risks. The inspector found evidence of a range of positive outcomes for service users.

No areas for quality improvement were identified.

Is care effective?

During the inspection the agency was found to be competently delivering effective care. The agency consistently responds appropriately to meet the individual needs of service users through the development and review of individualised care and support plans. The agency has implemented robust systems for review and monitoring of quality. The quality monitoring arrangements include consultations with service users/their representatives, and provide a system of audit and service improvement. The inspector received feedback from service users, staff, a relative and a HSC Trust community professional which indicated that service provision had resulted in positive outcomes for service users.

No areas for quality improvement were identified.

Is care compassionate?

During the inspection the agency was found to be competently delivering compassionate care. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes and the provision of individualised care and support. It was noted that agency staff value the views of service users and where appropriate their representatives. The inspector identified evidence of positive outcomes for service users. Service users and relatives indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a meaningful life.

No areas for quality improvement were identified.

Is the service well led?

During the inspection the agency was found to be competently delivering a well led service. Clear management and governance systems are maintained to meet the needs of service users and drive quality improvement. Staff are aware of their roles, responsibility and accountability within the organisational structure. The registered person has operated the service in accordance with the regulatory framework and worked effectively with RQIA. There are effective working relationships with key stakeholders including service users, relatives and the HSC Trust.

No areas for quality improvement were identified.

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

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 Jackie Mc Cay, acting manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 20 October 2015.

2.0 Service details

Registered organisation/registered person: Western Health and Social Care Trust Elaine Way	Registered manager: Jacqueline McCay (Registration pending)
Person in charge the time of inspection: Jacqueline McCay	Date manager registered: Registration pending

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 acting manager, a student professional on placement, three support staff, five service users, one relative and one HSC Trust community professional.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; four were returned. At the request of the inspector, questionnaires were distributed for completion by service users; four 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
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding adults
- Induction records
- Staff rota information
- 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)
- Incident policy 2014
- Whistleblowing Policy 2015
- Complaints procedure 2016
- Statement of Purpose 2016
- Service User Guide 2016

4.0 The inspection

Avoca Lodge is a domiciliary care agency, supported living type service, which can provide care and support for up to ten service users with enduring mental health problems. Care and support is provided by twelve 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.

4.1 Review of requirements and recommendations from the last care inspection dated 20 October 2015.

Last care inspection statutory recommendations		Validation of compliance
Recommendation 1 Ref: Standard 6.3 Stated: First time	The form used by the agency to document reviews with the HSC Trust should be revised to ensure that the report refers to: <ul style="list-style-type: none"> • general changes in the service user's situation; and • details of important events occurring during the review period. 	Met
	Action taken as confirmed during the inspection: The inspector noted in reviews completed since the last inspection the review form had been modified to include; <ul style="list-style-type: none"> • general changes in the service user's situation; and • details of important events occurring during the review period. 	

4.2 Is care safe?

During the inspection the inspector reviewed staffing arrangements in place within the agency. It was identified that the Western Health and Social Care Trust's selection and recruitment policy outlines the mechanism for ensuring that relevant staff pre-employment checks are completed prior to employment; a record of checks completed is retained by the human resources department.

Staff rotas and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the assessed needs of service users at all times.

The agency's training and development policy details the induction programme lasting at least three days which is in accordance with the regulations. The agency maintains a record of induction provided; records examined provided evidence of a comprehensive induction programme. Staff rotas and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

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.

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 vulnerable adults. Safeguarding training provided by the Western Health and Social Care Trust includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. Following the inspection the acting manager sent evidence of attendance or scheduled attendance at safeguarding training for staff within Avoca Lodge.

Staff who provided feedback to the inspector had a good understanding of safeguarding issues and were clear regarding agency procedures. The acting manager discussed a safeguarding referral where agency staff worked to ensure an effective protection plan involving agency staff, the service users involved, service users' families, and the HSC Trust is now in place. Records reviewed by the inspector indicated that the agency responds promptly and fully to all suspected, alleged or actual incidents of abuse.

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 a risk management strategy; records of risk assessments are completed with each service user, regularly evaluated and reviewed.

A HSC Trust professional provided positive feedback regarding communications with agency staff. This professional also commented on the staff's ability to intervene and make appropriate referral when service users experience early signs of relapse. 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.

The agency's registered premises include an office and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Questionnaire responses from staff and service users to "Is care safe" indicated a high level of satisfaction with this service

Staff comments

'We have a good collaboration with the multi-disciplinary team'

Service users' comments

'My care is very good.'

'I feel safe here.'

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 (2016) and Service User Guide (2016).

The inspector reviewed a range of service users' care and support plans. Care plans are developed with service users in conjunction with assessment information provided by HSC Trust professionals. The inspector was advised by the manager that a new electronic system for service user records was being introduced and that current files will be reorganised to include an index and dividers to make information more accessible. Records indicated regular evaluation and review of care plans, including review with the HSC Trust; this was supported by feedback from agency staff.

The agency maintains a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by a manager from another agency who has 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.

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 and relatives indicated that service users have open lines with communication with staff. Service users and relatives provided feedback that they know who to go in the agency to discuss an issue or complaint and were confident of an appropriate response. The inspector saw evidence of a range of communication methods employed by the agency to ascertain and record the views of service users and/or their representatives. These included: records of tenant meetings, complaints records, quality monitoring reports, review records, and a service user evaluation survey.

Questionnaire responses from staff and service users to "Is care effective" indicated a high level of satisfaction with this service.

Staff comments

'We have a good collaboration with the multi-disciplinary team'

Service users' comments

'My care is very good.'

'I feel safe here'

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.

The inspector found that the values stated in the Minimum Standards, including dignity, respect, independence, choice, rights, equality and diversity, were reflected in service provision. Staff provided feedback about the person centred nature of the service and how they endeavour to promote the choice and independence of service users, within allocated resources. In the course of the inspection, the inspector observed staff interacting with service users in a meaningful, sensitive, and respectful manner. It was evident to the inspector that staff understand the needs of service users and enable service users to pursue new interests and goals.

A student professional on placement within the agency commented;

'The service users are living life to their best potential'
'You can see growth and how far people have come'

The inspector was invited to visit a service user in their own home and saw how the agency strives to meet the changing health needs of this service user to ensure they can continue to enjoy the comforts of their own home.

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, relatives, professionals and staff.

Relative's Comments

'Staff are like an extension to ****'s family'
'Care here is excellent'

Service user comments

'Staff are good to me and you can go out with them for walks and coffee'
'Food is good and you get a choice'

Questionnaire responses from staff and service users to "Is care compassionate" indicated a high level of satisfaction with this service.

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 RQIA registration certificate was up to date and displayed appropriately. The Statement of Purpose had been reviewed in 2016 and it reflects the range and nature of services provided.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

Staff confirmed that they had access to the agency's policies and procedures.

All of the service users/relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. There was evidence of regular and effective staff supervision and appraisal.

Staff could describe lines of accountability and knew when and who to discuss concerns with. The inspector was informed that staff were confident that managers would listen to and address their concerns and suggestions. Staff discussed how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The inspector reviewed the monthly monitoring reports for May to July 2016. These reports evidenced that registered person had been monitoring the quality of service provided in accordance with minimum standards.

The staff interviewed indicated that they felt supported by senior staff who were described as approachable and helpful. One service user indicated that the manager would listen to them and address their concerns and suggestions.

Relatives' Comments

'We are listened to'

Staff comments

'Well supported, there is always someone to call on'

Questionnaire responses from staff to "Is the service well led" indicated a high level of satisfaction with this service.

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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