

Unannounced Care Inspection Report 21 September 2018



Avoca Lodge

Type of Service: Domiciliary Care Agency

Address: Gransha Park, Clooney Road, Londonderry, BT47 6TF

Tel No: 02871865222

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

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 eleven 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: Catherine McDaid
Person in charge at the time of inspection: Catherine McDaid	Date manager registered: 1 May 2018

4.0 Inspection summary

An unannounced inspection took place on 21 September 2018 from 8.45 to 13.15 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 determined 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
- new induction procedure
- staff supervision and appraisal
- maintaining working relationships with all stakeholders

No areas of improvement were identified during this inspection.

Service users and professionals contacted by the inspector, spoke well of the service provided at Avoca Lodge in regards to safe, effective, compassionate and well led care. Many examples of good practice were highlighted and have been detailed within the report.

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.

The inspector would like to thank the person in charge, service users and staff for their support and co-operation throughout the inspection process.

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 Catherine McDaid, registered 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.

4.2 Action/enforcement taken following the most recent care inspection dated 31 August 2018.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 31 August 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 events for 2017/2018
- record of correspondence since 31 August 2018

On the day of inspection the inspector spoke with three service users at Avoca Lodge. The service users interviewed have received assistance with the following:

- support with personal care
- assistance with meals
- social support
- support with medication management

During the inspection the inspector met with two staff and two Health and Social Care Trust (HSC Trust) professionals.

The following records were examined during the inspection:

- three service users' care and support plans
- care review records
- 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

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

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

At the request of the inspector, the manager 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 manager was also asked to distribute ten questionnaires to service users/family members. No responses were received prior to the issue of the report.

The inspector requested that the manager 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.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 August 2018.

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 31 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with 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

	<p>Action taken as confirmed during the inspection: The inspector evidenced procedures in place for protecting vulnerable adults in line with regional protocols.</p>	
<p>Area for improvement 2 Ref: Standard 14.1 Stated: First time</p>	<p>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.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector evidenced procedures in place for protecting vulnerable adults in line with regional protocols.</p>	
<p>Area for improvement 3 Ref: Standard 8.12 Stated: First time</p>	<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: 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.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and in accordance with related regulations and standards.

The agency's staff recruitment process is managed by the organisation's human resources department (HR). Discussions with the staff 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.

The agency's new induction policy details the induction programme provided; it is a robust process 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.

Discussions with staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual service users. Current staffing levels are being met by the agency's own staff and trust bank staff.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal. Records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures.

The agency has a system in place for managing staff training; staff could describe the process for identifying gaps in training in conjunction with the organisation's training department. Staff are required to complete required mandatory training and in addition a range of training specified by the HSC Trust. The inspector noted that while some staff members require training updates these sessions had been booked and were scheduled within the next three months.

The staff members who spoke with the inspector were 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 HSC Trust since the last inspection 31 August 2017.

Training records viewed by the inspector indicated that staff had received training in relation to safeguarding. From training records viewed staff are required to complete safeguarding training during their induction programme and an update two yearly.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Service users are supported to participate in an annual review involving their HSC Trust keyworker and that care and support plans are reviewed as required.

A number of service users have more frequent reviews in conjunction with their identified HSC Trust representative due to the nature of their individual needs.

Comments received during inspection.

Service users' comments

- "Staff give you a helping hand."
- "They help if you are struggling."

Staff comments

- "The environment may have some limitations but tenants are well supported."
- "The service is safe, service users are well looked after."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training, 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 inspector was informed by the three service users and two HSC Trust professionals that there were no concerns regarding the support being provided by the staff at Avoca Lodge.

The agency’s arrangements for appropriately responding to and meeting the assessed 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.

The agency’s record keeping and records management policy outlines the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. The inspector also observed that staff had received training relating to record keeping, confidentiality and data protection.

The staff who met with the inspector demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their seniors and HSC Trust professionals if any changes to service users’ needs are identified. This was also evident in written records within service users’ files. Staff discussed ongoing quality monitoring of service users’ needs to ensure effective service delivery. Staff also described aspects of care and support which reflected their understanding of service users’ choice, dignity, and respect.

The inspector viewed three service user files and noted that plans were person-centred and agreed by service users. The inspector noted the introduction of the “one page profile” and the improvements to the organisation of care and support plan information in service users’ files.

The agency’s systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Records confirmed that the HSC Trust multidisciplinary team collaborate with the staff team to ensure service users achieve appropriate care and support. Discussions with service users and staff, and observations of staff interaction during the inspection indicated that staff communicate sensitively with service users.

Service users spoken with during inspection confirmed they are involved in annual reviews with the support staff and HSC Trust professionals. Review of service user support plans during inspection also supported a continuous review process at specified timeframes. Discussions with service users during inspection supported a process of ongoing review with service user involvement. The manager confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with trust professionals was reviewed during inspection within review meeting minutes.

Review of team meeting records indicated that team meetings took place on a regular basis; the staff who spoke with the inspector indicated that the staff team is supportive to each other and that staff communication is good.

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

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.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service users’ wishes, dignity and respect. Values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Observations made by the inspector during the course of the day would support positive staff interactions with service users.

Staff comments

- “I love working here.”
- “Working here is rewarding.”
- “Choice and independence are essential in a place like this.”

From discussions with service users during the inspection it appears that staff endeavour to provide care in an individualised manner and strive to ensure that service users are encouraged and supported to make informed choices. Records of service user meetings reflected the involvement of service users and contained comments/suggestions made by service users. The inspector viewed 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.

Service user comments

- “Staff are good, always here, smiling, willing to talk.”
- “Staff are kind to me.”
- “Catherine always greets you with a smile.”

Staff have been provided with training and information in relation to human rights and confidentiality during their induction programme. The agency has provided service users with information relating to human rights, advocacy and adult safeguarding.

The inspector identified from records viewed and discussion with agency staff that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders. Two professionals visited the service on the day of inspection and met with the inspector. They discussed the positive effects created by the new manager’s recovery focused approach and described appropriate, tolerant responses to challenging behaviours.

HSC Trust professional comments

- “The service is able to meet the different challenges younger service users bring.”
- “Service users are getting out and about to social and leisure activities.”

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

6.7 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.

A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided. Under the direction of the manager, Mrs Catherine McDaid, the agency provides care and support to eight adults living in Avoca Lodge.

The agency’s complaints policy clearly outlines the procedures and timescales for managing complaints. It was identified from records viewed that the agency has received no complaints since the previous inspection.

On the day of the inspection it was noted that a number of incidents had taken place since the last inspection 31 August 2017. The inspector examined the records and found that the agency had dealt with the incidents in accordance with its procedure and policy.

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 identified that monthly quality monitoring visits are completed by a range of service managers and an action plan is developed if required. The monitoring officer has ensured that each quality monthly monitoring report includes an effective level of detail of the findings during the visit.

During the inspection the inspector viewed records that evidenced staff receive appropriate staff induction, training, supervision and appraisal.

The inspector identified from records viewed and discussion with agency staff that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders.

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 also able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Discussions with staff and service users highlighted evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- safeguarding
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The Statement of Purpose for the service was reviewed and revised by the provider in 2018. The document clearly describes the nature and range of the services to be provided and addresses all of the matters required by regulation 5 (1) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

All relevant staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency's policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the human resource department. Records viewed by the inspector indicate that staff are registered appropriately.

Staff comments received during inspection

- "The manager is innovative and dynamic."
- "The manager is very approachable."

Areas of good practice

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