

Unannounced Care Inspection Report 13 February 2020



Ballymacross Mental Health Hostel

Type of Service: Domiciliary Care Agency

**Address: 12 - 14 Mourneview Park, Brokerstown Road, Lisburn,
BT28 2UQ**

Tel No: 02844839959

Inspector: Jim Mc Bride

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

Ballymacoss Mental Health Hostel is a domiciliary care agency (supported living type) which provides a range of personal care services to 10 people living in their own homes. Service users have a range of needs including mental health issues and require support to live as independently as possible in a range of accommodation.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual: Seamus Mc Goran (Acting)	Registered Manager: Mrs Fiona McVeigh (Acting):
Person in charge at the time of inspection: Mrs Fiona McVeigh	Date manager registered: (Acting)

4.0 Inspection summary

An unannounced inspection took place on 13 February 2020 from 09.30 to 13.00.

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 be seeking 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.

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development. The care records were well maintained and there was evidence of good communication with relevant stakeholders. Care and support was provided in an individualised manner. The agency promoted the involvement of service users. There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

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

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	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Fiona Mc Veigh 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 15 June 2018

Further actions were required to be taken following the most recent inspection on 15 June 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- Previous RQIA inspection report and quality improvement plan (QIP) 15 June 2018
- All correspondence received by RQIA since the previous inspection

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

The inspector spoke with three staff members and the acting manager. Comments received are included within the report. Staff spoken with gave a comprehensive overview of the service. The inspector also had the opportunity meet with three service users and has included their comments:

Service user comments

- "I have much more freedom here and can come and go as I please."
- "A good open door policy from all staff."
- "I'm treated well and I am listened to by all staff."
- "Staff are approachable and very helpful."
- "I am treated with respect by everyone."
- "Staff are always available to help."
- "I like my privacy here."

Staff comments

- "My supervision is one to one and is beneficial."
- "The training is frequent and is helpful."
- "Staff inductions are comprehensive and you have the opportunity to shadow other staff."

- “We focus on the outcomes for service users and encourage social outreach.”
- “Staff do communicate well with each other.”
- “The manager is helpful, approachable and leads the team well.”

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 invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received prior to the issue of this report.

Ten questionnaires were also provided for distribution to the service users and their representatives; no responses were returned within the timeframe for inclusion within this report.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the setting.

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

An area for improvement relating to staff fitness was stated for the second time

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 15 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 15.9 Stated: Second time To be completed by: Immediate from the date of the inspection	The registered person shall make arrangements to prevent service users being placed at risk of harm. Ref: 6.2 and 6.4	Met
	Action taken as confirmed during the inspection: The Inspector confirmed that all necessary records were available and up to date at the time of inspection.	
Area for improvement 2 Ref: Regulation 13 (d)	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (d) full and satisfactory information is available	Partially met

<p>Stated: First time</p> <p>To be completed by: 13 August 2018</p>	<p>in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This refers specifically to a statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform.</p> <p>Ref: 6.4</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 16(2)(a)</p> <p>Stated: First time</p> <p>To be completed by: 13 August 2018</p>	<p>The registered person shall ensure that each employee of the agency—</p> <p>(a) receives training and appraisal which are appropriate to the work he is to perform;</p> <p>This refers specifically to training records of bank staff.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: The Inspector confirmed that all necessary records were available and up to date at the time of inspection.</p>	<p>Met</p>

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 arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

The organisation has a dedicated human resources department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. However, there was no evidence of a statement by the responsible person or registered manager as to the fitness of staff member to carry out their role. This has been identified as an area for improvement for the second time.

Discussion with the acting manager identified that they were knowledgeable in relation to safe recruitment practices. Rotas examined show that staffing levels were consistently maintained. New employees are required to go through an induction which included training identified as necessary, for the service and familiarisation with the agency and the organisation's policies and procedures. Induction has been developed to include the Northern Ireland Social Care Council (NISCC) Induction Standards. The induction was in line with regulation timeframes.

There was a rolling programme of training, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes by a senior manager. It was noted that additional training had been provided to staff in areas such as: deprivation of liberty safeguards (Dols), challenging behaviour, diversity and equality and human rights and risk assessment.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm.

The review of records confirmed that any potential safeguarding incidents had been managed appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior director within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

Discussion with staff confirmed that they were aware of what action to take if they had concerns regarding a service user being safeguarded and that they had been empowered to do so. Assurances were provided that the Annual Position Report will be completed in 2020. This will be reviewed during the next inspection.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that risk assessments had been completed in conjunction with service users and their representatives. This was verified by records viewed and during discussions.

Care records and information related to service users were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with General Data Protection Regulations (GDPR).

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development.

Areas for improvement

One area for improvement has been identified for the second time in relation to staff fitness.

	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 agency's arrangements for responding appropriately to and meeting the assessed needs of service users were examined during the inspection.

The full nature and range of service provision is detailed in the Statement of Purpose, (2020) and Service User Guide currently under review.

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans and annual care reviews with the relevant HSC Trust representative. This supported the agency in conjunction with service users to review and measure outcomes. It was good to note that care plans are regularly audited by staff and reviewed in conjunction with service users and key stakeholders.

Care plans were noted to be person-centred. Care records did show that service users were central to the process. Care review records were reviewed and it was noted that follow up action had been taken in response to identified actions. Where HSC trust professionals had made recommendations in relation to service users' care plan e.g. risk assessments, there was a system in place for review feedback.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care and support plans had been signed by service users or their representatives who indicated that they had been involved in their care and had agreed to it.

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 and where applicable other key stakeholders were involved.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, staff, HSC Trust representatives and relatives as applicable.

Areas of good practice

There were examples of good practice found throughout the inspection in relation quality monitoring and the agency's engagement 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 sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

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. It was identified that staff had completed training on equality and diversity.

Discussions with staff and the acting 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
- Individualised risk assessment
- Disability awareness.

Staff members gave examples of the importance of involving service users in making decisions about their own care. They spoke about respecting service users' rights to decline care and support and in recognising the best times for service users to make certain decisions. It was good to note that staff were promoting the autonomy of service users.

Areas of good practice

The agency promoted the involvement of service users within the service. There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and engagement, with service users and other relevant stakeholders with the aim of promoting the safety of service users, 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.

The inspector reviewed the management and governance systems in place within the agency to meet the needs of the service users. It was identified that the agency has effective systems of management and governance in place.

The staff members spoken with confirmed that there were good working relationships and that the acting manager was 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). The acting manager confirmed that information regarding registration and renewal dates was maintained by the agency. A review of NISCC records confirmed that all staff are currently registered. The acting manager described the system in place for monitoring renewal of NISCC registrations and confirmed that all staff are aware that they are not permitted to work if their registration has lapsed.

There had been no complaints received by the agency from the date of the last inspection.

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.

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 online and were accessible to staff. The inspector reviewed the following policies that show review and updates as required:

- Complaints
- Safeguarding
- Whistleblowing
- Confidentiality

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, 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.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Fiona Mc Veigh, 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 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

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.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

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 13 (d)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the inspection date.</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This refers specifically to a statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)