

# Unannounced Care Inspection Report 16 August 2016



## Ballymacross Mental Health Hostel

**Domiciliary Care Agency**  
**12-14 Mourneview Park, Brokerstown Road,**  
**Lisburn BT28 2UQ**  
**Tel no: 02892676277**  
**Inspector: Michele Kelly**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Ballymacoss Mental Health Hostel took place on 16 August 2016 from 9.45 to 14.45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the supported living service 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.

One area for quality improvement was identified and a recommendation has been made in respect of staff induction.

### Is care effective?

During the inspection the agency was found to be competently 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, 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 observed interactions between staff and service users, and received feedback from service users, relatives and a HSC Trust professional which indicated that the dignity and promotion of independence of service users are upheld through service delivery. The inspector received feedback from a relative that the agency's provision of a compassionate service has led to much improved outcomes in the life of a service user.

There was evidence of the agency's maintenance of systems to ascertain service users' wishes and feelings, and involve them in decision making.

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 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Angela McKeever, manager, registration pending, 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.

### 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 04 September 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Ballymacoss Mental Health Hostel/ Hugh McCaughey	<b>Registered manager:</b> Angela McKeever, registration pending
<b>Person in charge of the service at the time of inspection:</b> Angela McKeever	<b>Date manager registered:</b> 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 manager, the community sector manager, two staff members and three service users. Following the inspection a relative and a HSC community professional were contacted by the inspector.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; two were returned. At the request of the inspector, questionnaires were distributed for completion by service users; one was 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
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints and compliments records
- Incident records
- Induction records
- Staff rota information
- Policies and procedures relating to: risk management, staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification and complaints
- Statement of Purpose 2016
- Service User Guide 2016.

### 4.0 The inspection

Ballymacoss Mental Health Hostel is a domiciliary care agency supported living type service operated by the South Eastern Health and Social Care Trust. The service currently provides support for nine adults with mental health needs using a Recovery model therapeutic process. The service aims to enable people with enduring mental health problems to achieve mental health well-being and maximise independence.

**4.1 Review of requirements and recommendations from the most recent inspection dated 4 September 2015.**

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 15 (2) (b) (c)</p> <p><b>Stated:</b> First time</p>	<p>2) The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This refers to the revision of care and support plans to include service users' needs and wishes in relation to the management of medication.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector examined three service users' care and support plans which included evidence that service users' needs and wishes in relation to the management of medication had been considered and reviewed appropriately.</p>	
Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 1.6</p> <p><b>Stated:</b> First time</p>	<p>The results of feedback are made available to current and prospective service users, their carers/representatives and other interested parties.</p> <p>This recommendation relates to feedback received by the inspector regarding staffing levels. Any identified instances of unmet need of service users should be highlighted to the HSC Trust.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The monthly monitoring visits monitor and report on any instances of unmet need. Staff interviewed confirmed that staffing levels were adequate. The manager also discussed current recruitment of an additional member of staff which was at the</p>	

	shortlisting stage. Rotas examined confirmed that staffing is supplemented when required by a small pool of bank staff.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 8.11 <b>Stated:</b> First time	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis.</p> <p>This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>The registered person should ensure that reports are completed on a monthly basis, and include the views of relatives. If the views are not included, the reason for this should be stated in the report.</p> <p><b>Action taken as confirmed during the inspection:</b>  The inspector viewed monthly monitoring reports for May, June and July 2016 which confirmed that views of service users and/or their carers/representatives are ascertained about the quality of the service provided.</p>	<b>Met</b>

### 4.3 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, including the completion of appropriate pre-employment checks.

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 is able to use a pool of bank staff employed within the trust to cover all shifts, thus maximising continuity of service provision for service users.

It was noted that the agency has an induction policy and induction programme of at least three days which applies to newly employed agency staff. The inspector received feedback from staff which indicated that the induction prepared them sufficiently for their roles and responsibilities. The inspector noted that an appropriate induction programme has not always been provided to bank staff employed by the agency. Induction records were not available for a member of bank staff who had recommenced working for the agency. Following the inspection the manager emailed the inspector to confirm that the staff member had been fully inducted. A recommendation has been stated regarding the provision of an appropriate induction programme to all staff at the commencement of their employment.

Records of training were reviewed by the inspector and it was noted that mandatory training and additional training which is beneficial to service users has been attended by staff. The inspector noted that a member of bank staff required Safeguarding training and the manager confirmed this had been booked for 12 September 2016. Staff who provided feedback to the inspector had a good understanding of safeguarding issues and agency procedures. Staff were able to describe their roles where safeguarding concerns arose with service users, and understood their responsibilities and the role of the HSC Trust.

Records reviewed by the inspector indicated that the agency responds promptly and fully to all suspected, alleged or actual incidents of abuse. The manager discussed the agency's response to alleged incidents of inappropriate behaviour which involved working sensitively with service users.

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 policy; risk assessments are evaluated and reviewed by staff with service users and with the multi-disciplinary team at an annual review or when required. The agency's governance arrangements include audit of any restrictive practices in place through monthly quality monitoring. In June 2016 the HSC trust completed a risk assessment of the agency and made recommendations in respect of lone working. Following this assessment personal alarms were issued to staff. Minutes of staff meetings confirmed staff were given a demonstration on how and when to use the alarms.

Questionnaires returned by staff and a service user indicated satisfaction with this aspect of care.

**Service users' comments:**

'I feel safe here'

**Community Professionals comments:**

'Staff meet needs well'

'Good staff ratio'

**Areas for improvement**

One area for quality improvement was identified and a recommendation has been made in respect of staff induction.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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#### 4.4 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. Records indicated regular evaluation and review of care plans, including review with the HSC Trust; this was supported by feedback from agency staff. The manager confirmed that the community sector manager had requested that current files be reorganised to make information more accessible and that this matter was going to be attended to promptly.

Monthly quality monitoring is undertaken by a community sector manager and the quality monitoring system provides a thorough 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.

Complaints, 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. Minutes of service users' meetings documented communication between staff and service users, showing how service users have been involved in decision making processes. Feedback from service users, a relative and staff indicated that service users and relatives are aware of how to make a complaint and are confident they will be listened to and responded to by the manager.

The inspector received feedback which indicated that the agency maintains effective methods of relevant communication and partnership working with key stakeholders. A HSC Trust professional described the development of effective working relationships with the agency which have led to positive outcomes for service users.

Questionnaires returned by staff and a service user indicated a high level of satisfaction with this aspect of care.

#### Staff comments:

- 'We encourage service users to enjoy the community'.

#### Service users' comments:

- 'Staff treat me well'.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.5 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 service users provided feedback regarding how they have been supported by agency staff to achieve individual goals and increase their independence and quality of life. A service user showed the inspector their home, which included indications of their personal interests, and provided positive feedback regarding their relationships with staff.

Formal processes to record and respond to the views of service users and relatives are maintained through the complaints and compliments process, quality monitoring system, service user evaluation survey, and tenants' meetings. The inspector noted that a number of service users provided positive feedback in a recent service user evaluation survey.

During the inspection the inspector discussed the daily activities services users can choose to become involved in. The manager spoke enthusiastically about her plans for new initiatives to enhance the quality of life for tenants in Ballymacoss and increase opportunity for meaningful activity. Both the manager and staff provided examples of sensitive, compassionate approaches adopted when service users' health status changes.

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

Questionnaires returned by staff and a service user indicated a high level of satisfaction with this aspect of care.

### **Staff comments:**

- 'It is all about the tenants'.
- 'The atmosphere is relaxed'.

### **Service users' comments:**

- 'It is just like being in your own flat'.
- 'You are treated with dignity and respect'.

### **Relative's comments:**

- '\*\*\*\* is happy there'.
- 'Staff are good to\*\*\*\*'.
- 'Staff take \*\*\*\* shopping and on day trips'.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

The registered manager is currently on long term leave and Angela Mc Keever has been appointed as manager with registration pending.

The inspector examined management and governance systems in place to meet the needs of service users. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary (2016).

It was noted that the agency maintains a comprehensive range of policies and procedures. 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 stated that they had access to the agency's policies and procedures.

All of the service users and a relative 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 the manager 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.

Questionnaires returned by staff and a service user indicated a high level of satisfaction with this aspect of care.

#### Staff comments:

- 'The new manager has settled in very well'.
- 'We have a good supportive staff team'.

**Community professional's comments:**

- 'We engage very well with the manager'.
- 'Staff are very experienced and contact us frequently to intervene early if required'.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**5.0 Quality improvement plan**

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Angela Mc Keever manager, registration pending, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 domiciliary care 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.

**5.1 Statutory requirements**

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

**5.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk)/RQIA's office (non- paperlite) / web portal for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 12.1

**Stated:** First time

**To be completed by:**  
16 September 2016

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.

The registered person should ensure that staff providing services to service users should have an appropriate induction.

**Response by registered provider detailing the actions taken:**

All newly appointed staff will have a two week Induction which will include working closely with another Residential Worker, who will ensure The Trust Induction and NISCC Induction Standards are met.

Newly employed Agency/Bank staff will have at least 3 days Induction and will also work closely with a Residential Worker to ensure The Trust Induction and NISCC Induction Standards are met.

The manager will ensure both The Trust Induction and NISCC Standards are completed and that the newly appointed staff member is confident and competent to undertake their role.

The Statement of Purpose and Operational Policy has been updated to reflect this Induction Process.

All newly appointed staff will be provided with an Induction Pack which will include information on, supported housing scheme operational policy, ethos of the service, Trust Induction Workbook and NISCC Induction Standards.

All newly appointed staff will be reminded that a Senior member of staff is on call after 5pm 7 days a week for advice and support.

***\*Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address\****



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