

## Announced Care Inspection Report 9 November 2017



### **Ballymacoss Mental Health Hostel**

**Type of Service: Domiciliary Care Agency**

**Address: 12 - 14 Mourneview Park, Brokerstown Road, Lisburn,  
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**Tel No: 02892676277**

**Inspector: Michele Kelly**

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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 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

<b>Organisation/Registered Provider:</b> South Eastern Health & Social Care Trust  <b>Responsible Individual:</b> Hugh McCaughey	<b>Registered Manager:</b> Fiona McVeigh (registration pending)
<b>Person in charge at the time of inspection:</b> Fiona McVeigh	<b>Date manager registered:</b> Registration pending

### 4.0 Inspection summary

An announced inspection took place on 9 November 2017 from 09.45 to 15.00.

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 to determine 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:

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

#### A number of areas were identified for improvement and development:

- The registered person shall make arrangements to prevent service users being placed at risk of harm.
- The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. The registered person must submit to RQIA on a monthly basis, reports of quality monitoring undertaken in accordance with Regulation 23(2) and (3).
- The agency's adult safeguarding policy must be updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership').

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
<b>Total number of areas for improvement</b>	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Fiona Mc Veigh, manager, registration pending, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 16 August 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 August 2016.

#### 5.0 How we inspect

Specific methods/processes used in this inspection include the following:

- discussion with the manager
- examination of records
- consultation with staff and service users
- evaluation and feedback

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous RQIA inspection report.
- Records of notifiable events.
- Any correspondence received by RQIA since the previous inspection.

During the inspection the inspector met with two service users and two staff.

The following records were viewed during the inspection:

- service users' care records
- risk assessments
- tenants' meeting minutes
- staff meeting minutes
- staff induction records
- staff training records
- records relating to staff supervision
- complaints records
- incident records
- records relating to adult safeguarding

- staff rota information
- Whistleblowing Policy
- Recruitment Policy
- Induction Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Confidentiality Policy
- Complaints Policy
- Statement of Purpose
- Service User Guide

Questionnaires were provided by the inspector for completion during the inspection by service users; no service user questionnaires were returned to RQIA. At the end of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the request of the manager details regarding using Survey Monkey were also sent by email following the inspection. At the time of writing this report no staff questionnaires had been returned to RQIA via Survey Monkey.

During the inspection the inspector also had the opportunity to speak with a visiting trust professional. Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 16 August 2016**

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 16 August 2016**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12.1 <b>Stated:</b> 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.  The registered person should ensure that staff providing services to service users should have an appropriate induction.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed records which confirmed that newly appointed staff have an appropriate induction. The induction process involves corporate trust induction and a programme including Northern Ireland Social Care Council (NISCC) standards.	

**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.**

During the inspection the inspector reviewed that agency’s processes in place to avoid and prevent harm to service users; this included a review of staffing and management arrangements in place within the agency.

From discussions and observations it was clear that staff were knowledgeable about the level of support required by each service user to ensure their safety, both while at home and when engaging in activities. Service users meet regularly with the staff member

designated as keyworker. There are regular house meetings to discuss tenant issues and possible group activities and outings.

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. The agency's selection and recruitment policy was examined and discussed during the inspection. The manager demonstrated her knowledge of the regulations and standards with regard to the required pre-employment checks. The compulsory registration with NISCC was discussed and the manager was knowledgeable about these requirements.

The agency's policy and procedures in relation to safeguarding adults was reviewed. The agency has not developed a revised policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership' ; this is an area for improvement.

The manager discussed a complaint involving a staff member; this matter had been referred as a safeguarding concern. The inspector was satisfied that the organisation had investigated the complaint appropriately and had taken steps to ensure the safety of service users. The manager was knowledgeable regarding her and staffs' role and responsibilities with regard to safeguarding and stated that the agencies are working within the Health and Social Care Board 2016 guidelines. From discussions with the staff and records viewed it was identified that the agency maintains a record of referrals made to the SEHSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse and that the details of the outcome of any investigations are recorded.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. It was noted that service users are supported to participate in an annual review involving the SEHSCT keyworker if appropriate and that care and support plans are reviewed annually or as required. The inspector viewed a range of documentation in place relating to individual service users it was evident that agency staff participated in the annual reviews.

The inspector was invited to meet service users in their homes and following this visit discussed the arrangements for service users who smoke in shared accommodation. The inspector advised that risk assessments should be reviewed and risk management plans put in place to ensure potential fire risks are managed appropriately. This matter has been identified as an area for improvement.

Staff training records viewed for 2016-17 confirmed all staff had completed the required mandatory update training programme. Staff stated that they felt that their training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required.



The inspector viewed three individual staff records and noted that a record of staff supervision and appraisal is maintained by the agency; records viewed indicated that staff are provided with very regular supervision and appraisal in accordance with the agency’s policies and procedures. Staff who spoke to the inspector could describe the benefits of individual supervision and appraisal.

The manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. This could not be confirmed as records were unavailable on the day of inspection.

This matter is discussed in section 6.7 of this report.

**Areas for improvement**

- The registered person shall make arrangements to prevent service users being placed at risk of harm.
- The registered person must ensure the safeguarding policy is updated in compliance with safeguarding regional procedures.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

**6.5 Is care effective?**

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

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 noted that staff had received training relating to record keeping, confidentiality and data protection.

Staff could describe the methods used to ensure that service users are supported to be involved in the development of their care plans. The inspector viewed three service user files and noted that plans were person –centred and agreed by service users.

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.



A HSC Trust professional who visited on the day of inspection said that staff,

- “work well to enhance service users’ well-being.”

Other comments from this professional included:

- “They involve me in all decisions.”
- “They are very quick to pick up signs of relapse.”

Service users who met with the inspector stated that that they are involved in the development of their individual care plans and that their choices are reflected. During the inspection the inspector viewed a number of service user care records; it was noted that staff regularly record the care and support provided. The inspector noted that staff have attended training in respect of record keeping.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to 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
<b>Total number of areas for improvement</b>	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.**

During the inspection the inspector sought to assess the agency’s ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care and support.

Staff spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect. Staff could describe examples of how they support service users to enable them to live a more fulfilling life. Staff also demonstrated a clear understanding regarding service user confidentiality in line with policy.

Observations made during the inspection and discussions with service users indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. A HSC Trust professional described how staff facilitated care for a service user with complex physical health needs to enable this person to continue to live as independently as possible.

The inspector viewed minutes of tenant house meetings which confirmed that staff involve service users in decisions about social and daily activities and routines.

While visiting in service users' homes the inspector noted that each house was equipped with a telephone which could be used to contact staff in the sleep-over accommodation. Service users informed the inspector they did not know the number to ring to alert staff. The manager agreed to immediately ensure the number was prominently displayed beside the telephone.

**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
<b>Total number of areas for improvement</b>	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.**

The inspector viewed the management arrangements and found there was a clear organisational structure. Mrs Fiona Mc Veigh manager, (registration pending) leads a team of staff who are aware of their roles, responsibility and accountability.

The inspector examined the agency's quality monitoring systems; quality monitoring reports for the period after August 2017 were not available for review. The manager advised that quality monitoring visits had been undertaken by a senior manager however these records have not been made available to the inspector. This is an area for improvement and monthly quality monitoring reports are to be submitted to RQIA on a monthly basis until further notice.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained information in compliance with the relevant standards and regulations. The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The policy and procedures which are maintained electronically were reviewed and contents discussed with the registered manager. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures.

Discussions with staff indicated that they believe the service is well led, comments included:

- “The team work very well, there is good continuity”
- “Fiona is very approachable”
- “We have worked together for a number of years and we all get on together”.

Throughout the inspection process the inspector viewed evidence of appropriate staff induction, training, supervision and appraisal.

### Areas for improvement

The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. The registered person must submit to RQIA on a monthly basis, reports of quality monitoring undertaken in accordance with regulations.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Fiona Mc Veigh, manager, registration pending, 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 23(1) (2) (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 December 2017</p>	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <ul style="list-style-type: none"> <li>(a) arranges the provision of good quality services for service users;</li> <li>(b) takes the views of service users and their representatives into account in deciding-                             <ul style="list-style-type: none"> <li>(i) what services to offer them, and</li> <li>(ii) the manner in which such services are to be provided; and has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</li> </ul> </li> </ul> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> Monthly monitoring visits are conducted by the service manager and reports from these visits are retained at Ballymacoss. The reports will be completed within five working days of each visit. Senior Management will ensure reports are completed and are made available, to include the Community Mental Health Services Manager.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 15 (9)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered person shall make arrangements to prevent service users being placed at risk of harm.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Registered Manager continuously monitor risk and will</p>

<p>Immediate and ongoing</p>	<p>complete a GRA2 risk assessment in accordance with Trust policy. The management of risk will be a particular focus of the Service Manager's monthly monitoring visits. Adult safeguarding is included in mandatory training and a check is maintained to ensure staff training is up to date.</p> <p>The most recent Trust Policy and referral documentation is available to staff electronically and on site.</p> <p>The Supported Living staff are included in the Service's in-house monitoring of registration with NISCC. Staff are reminded in advance of the need to update their registration and reminded it is their responsibility to ensure their personal registration remains up to date.</p> <p>The investigation referred to in 6.4 has been completed with disciplinary action to follow. Human Resources remain involved and are taking this forward. The staff member will not be returning to Ballymacoss and alternative arrangements concerning future employment will be informed by the outcome of the disciplinary process.</p> <p>The Trust has reviewed its risk assessments and management plans associated with tenants smoking in shared accommodation settings.</p> <p>The manager continues maintain contact with the Trust's Estates Department in an effort to ensure appropriate on-going management of risk, especially in relation to those tenants who smoke in their accommodation.</p> <p>A recent proposal by Estates to fit window restrictors was successfully challenged by the manager in Ballymacoss, who reinforced that the accommodation is the tenant's home and also the risk involved should there be a fire.</p>
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<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 14.1 <b>Stated:</b> First time	The registered person ensures that the policies 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.  <b>Ref:</b> 6.4
<b>To be completed by:</b> 31 March 2018	<b>Response by registered person detailing the actions taken:</b> Current Safeguarding Adults Policy and Referral documentation are in place and are being used by Ballymacoss staff. Check completed 16.2.17

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





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