Inspection Report

12 May 2022

Ballymacoss Mental Health Hostel

Type of service: Domiciliary Care Agency
Address: 12 - 14 Mourne View Park, Brokerstown Road, Lisburn, BT28 2UQ
Telephone number: 028 9267 6277

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: South Eastern HSC Trust **Responsible Individual:** Mrs Roisin Coulter	**Registered Manager:** Mrs Kathleen O'Neill **Date registered:** 29 December 2021
Person in charge at the time of inspection: Mrs Kathleen O'Neill	
Brief description of the accommodation/how the service operates: Ballymacoss Mental Health Hostel is a domiciliary care agency (supported living type) which provides a range of personal care services to 11 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.	

2.0 Inspection summary

An announced inspection took place on 12 May 2022 between 10.05 a.m. and 4.15 p.m. The inspection was conducted by two care inspectors.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practices, Dysphagia and Covid-19 guidance were also reviewed.

Four areas for improvement were identified related to safeguarding processes, dysphagia training for staff, quality monitoring reports and reporting of incidents to the RQIA.

Good practice was identified in relation to service user involvement.

Ballymacoss Mental Health Hostel uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty 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 seek 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 individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "It's been the best thing since sliced bread."
- "I look at staff like my family and I get on well with them."
- "I'm 150% content and happy in here."
- "I can't praise the staff enough. They are very caring and understanding and they make sure you are ok.
- "I can come and go as I like however I chose to bring staff with me when I do go out."
- "I see this as my forever home."

Staff comments:

- "Mandatory training is very good."
- "The manager is very approachable. If anything comes up, she'll help."

- "We are a close knit team and a good team."
- "It's a nice place to work."
- "The continuity of staff is important for the service users. We use regular bank staff who the service users know and are comfortable with."
- "We help each other out and support each other."

No questionnaires were returned.

No staff responded to the electronic survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. An inspection was not undertaken in the 2021-2022 inspection year, due to the impact of the first surge of Covid-19.

The last care inspection of the agency was undertaken on 13 December 2020 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 13 December 2020</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</th><th>Validation of compliance</th></tr>
<tr><td>Area for Improvement 1

Ref: Regulation 13 (d)

Stated: Second time</td><td>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—
(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.

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.</td><td rowspan="2">Met</td></tr>
<tr><td></td><td>Action taken as confirmed during the inspection:
One staff member had been recruited since the last inspection and it was noted that a statement of fitness of the staff member's physical and mental fitness was retained in their recruitment file.</td></tr>
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5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they had some knowledge in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns. A review of records indicated that whilst the majority of safeguarding referrals had been submitted to the relevant trust, one incident was managed internally and not forwarded to the trust for investigation. An area for improvement has been identified in this regard.

Staff are required to complete adult safeguarding training during induction and the agency provides refresher training every three years thereafter. The manager was advised that staff needed to be refreshed in this area more frequently. The manager advised that this would be taken forward. Staff who spoke with the inspectors had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns within normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had not been notified of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. An area for improvement was identified in this regard.

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. Individual service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was noted that the agency had service users' meetings on a regular basis however they did lacked input from service users and had a formalised agenda which included a breakdown of the hours of care and support and the amount payable. This was discussed with the manager and it was advised that the meetings required to be service user friendly and needed to have a service user friendly agenda. The manager advised this will be taken forward.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Whilst none of the service users had swallowing difficulties training had not been sourced for staff. An area for improvement has been identified in this regard. The manager advised that staff were trained in Basic Life Support which included how to respond to choking incidents.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body;

there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager advised that there were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. Staff are required to complete a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

Review of governance records confirmed that monthly monitoring visits/reports were undertaken in order to quality assure care delivery and service provision. However, a review of these monthly reports highlighted that they had been inadequately completed, specifically, there was no evidence of consultations with key stakeholders. It was also noted that reports had not been completed for two months. The manager was directed to an RQIA exemplar who advised this would be provided to the agency's monitoring officer to use for future reports. An area for improvement has been identified in this regard.

It was also noted that the agency had not completed their Annual Quality Report in keeping with Regulation. This was discussed with the manager and it was advised that this would be completed going forward. This will be reviewed at the next inspection.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

The Statement of Purpose required updating with RQIA's contact details and the complaints procedure. The manager was also signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. The manager submitted the revised Statement of Purpose to RQIA following the inspection and it was deemed appropriate.

6.0 Conclusion

Based on the inspection findings, four areas for improvement were identified. Despite this, RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

7.0 Quality Improvement Plan (QIP)/Areas for Improvement

Four 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 (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	3	1

Areas for improvement and details of the QIP were discussed with Kathleen O'Neill, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Area for improvement 1 **Ref:** Regulation 15(6)(a) **Stated:** First time **To be completed by:** Immediately from the date of inspection and ongoing	The registered person shall ensure that all adult safeguarding referrals are submitted in a timely manner; also, all internal adult safeguarding investigations should only be undertaken in agreement with the relevant HSCT and in keeping with best practice. Ref: 5.2.1
	Response by registered person detailing the actions taken: The scheme Manager will be trained in level 4 Safeguarding to enable a robust and timely referral of Safeguarding concerns. The present Manager is also a Designated Approved Protection and Investigating Officer.
Area for improvement 2 **Ref:** Regulation 15(12)(b)(i)(ii) **Stated:** First time **To be completed by:** Immediately from the date of inspection and ongoing	The Regulation and Improvement Authority to be notified of any incident reported to the police, not later than 24 hours after the registered person has reported the matter to the police or is informed that the matter has been reported to the police. Ref: 5.2.1
	Response by registered person detailing the actions taken: Staff teams are to be appraised of what constitutes a notifible incident to RQIA at a Team Meeting, which will be minuted and shared with all staff unavailable for the meeting. Team Meeting planned for 14.07.22
Area for improvement 3 **Ref:** Regulation 23(1)(2)(a)(b)(i)(ii)(4)(5) **Stated:** First time **To be completed by:** Immediately from the date of inspection and ongoing	(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. (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— (a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding— (i) what services to offer to them, and (ii) the manner in which such services are to be provided; and (4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the

	agency arranges to be provided. (5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives. Ref: 5.2.6
	Response by registered person detailing the actions taken: Monthly Monitoring Visits will be completed for the previous month with a clear record of conversations with tenants, their relative/ carer, onsite staff and referring professionals. A record is retained by the Registered Manager of how referrals to the scheme are considered to include any change in need through our Care Management Services. A written copy of the report will be retained on file whilst awaiting the return of the typed report. These reports will be forwarded to RQIA within 14 days of completion. In the absence of the Senior Manager, the Monthly Monitoring visits will be completed by a designated Registered Manager from another Supported Living Facility.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** Immediately from the date of inspection and ongoing	The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. This relates specifically to Dysphagia training. Ref: 5.2.3
	Response by registered person detailing the actions taken: Staff have been undergoing Dysphagia Training. All substantive and regular bank will have Dysphagia training completed by 15.07.22

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

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