

Unannounced Domiciliary Care Agency Inspection Report 19 April 2016



2 Weavershill Road
2 Weavershill Road, BT14 8PS
Tel: 028 90 712 011
Inspector: Rhonda Simms

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of 2 Weavershill Road took place on 19 April 2016 from 09:45 to 16:00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Competent delivery of safe care was evident on inspection. It was noted that staffing arrangements ensure the provision of staff who are familiar with the complex needs of service users. A robust system of staff supervision provides formal supervision in excess of the minimum required in agency policy. The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. It was notable that staff of all grades had a comprehensive understanding of the identification and management of safeguarding issues. Key stakeholders indicated their confidence in the ability of agency staff to identify report and manage safeguarding issues. The inspector found that positive outcomes have been achieved with service users through a process of person centred assessment and positive risk management. It was evident that the ongoing development of partnership working with HSC Trust professionals has contributed to positive outcomes for service users.

Is care effective?

The inspector found indications of the delivery of effective care on inspection. 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 and flexibly with HSC Trust professionals. The quality monitoring arrangements include consultations with service users/their representatives, and provide a thorough system of audit and service improvement. The agency maintains effective communication with service users, relatives and key stakeholders. It was notable that effective partnership working with HSC Trust professionals has contributed to the positive outcomes for service users.

Is care compassionate?

The inspector found indications that the dignity and respect, independence, rights, equality and diversity, choice and consent of service users was promoted through compassionate service delivery at 2 Weavershill Road and modelled from the registered manager to support workers. The inspector found that the agency's ability to communicate with service users and their representatives in a manner promoted and supported informed decision making and self-determination. Formal systems of quality monitoring and an informal culture of seeking and respecting the views of service users on a daily basis were evident on inspection. Feedback from service users, relatives and HSC Trust professionals provided evidence of positive outcomes for service users.

Is the service well led?

Competent delivery of a well led service was evident on inspection. Clear management and governance systems are maintained to meet the needs of service users and drive quality improvement. There is a clear organisational structure and staff are aware of their roles, responsibility and accountability within the structure. The registered manager is respected, leads by example, is open to innovation, and maintains effective working relationships with staff.

The registered person has operated the service in accordance with the regulatory framework and worked effectively with RQIA. The effectiveness of working relationships with the HSC Trust, external stakeholders and the local community forum have resulted in positive outcomes for service users.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, 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
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Aoine McMahon, registered manager, as part of the inspection process and can be found in the main body of the report.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organization / registered person: Belfast Health and Social Care Trust Martin Dillon	Registered manager: Aoine McMahon
Person in charge of the agency at the time of inspection: Aoine McMahon	Date manager registered: 20 August 2015

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 five service users, the registered manager, three support and senior support staff, three HSC Trust professionals, and two relatives.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; three were returned. At the request of the inspector, questionnaires were distributed for completion by service users; none were returned.

Feedback received by the inspector during the inspection process is included throughout this report.

The following records were examined during the inspection:

- Five 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
- File audits completed by the registered manager
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Induction records
- Staff rota information
- Staff intranet
- Recruitment policy and procedures
- A range of policies relating to the management of staff
- Supervision policy 2013
- Induction policy 2013
- Safeguarding Vulnerable Adults policy 2013
- Risk Management Strategy 2013-16 and Belfast Risk Audit and Assessment Tool
- Whistleblowing Policy 2013
- Policy relating to data 2016
- Complaints policy 2013
- Statement of Purpose 2015
- Service User Guide 2015.

4.0 The inspection

2 Weavershill Road is a domiciliary care agency operated by the Belfast Health and Social Care Trust which provides a supported living service to adults with mental health needs who reside in individual or shared accommodation at 2 Weavershill Road.

Service users may receive up to 24 hour care and support from agency staff, dependent on needs assessed by the HSC Trust. Agency staff encourage service users to exercise choice and control over their lives, promoting their rights and providing support to live as independently as possible.

4.1 Review of requirements and recommendations from the last care inspection dated 2 June 2015.

There were no requirements or recommendations made as a result of the most recent inspection.

4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy and procedures in place; 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 needs of service users at all times. The inspector noted that the agency uses a small pool of bank staff that hold substantive posts in other services operated by the agency. The staffing arrangements enable the agency to provide familiar staff to facilitate services to service users.

It was noted that the agency has an induction policy and induction programme of at least three days in accordance with Regulations. The inspector received feedback from staff which indicated that the induction prepared them sufficiently for their roles and responsibilities.

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 service operates on a recovery model of mental health care which staff have received training on. Staff comments included:

‘I have support with my training needs.’

‘The training is good; the mandatory training is helpful and refreshes your knowledge.’

The registered manager maintains a system to ensure that staff supervision and appraisals are planned, completed in accordance with policy, and records maintained. Examination of records indicated that supervision often takes place more often than the minimum stated in local policy. Staff indicated that additional informal supervision can take place at any time if requested.

The agency’s provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of vulnerable adults.

The inspector received feedback from agency staff and viewed training materials which indicated that the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 had been reflected in training.

Records showed that staff are provided with safeguarding training during induction and at intervals to ensure best practice thereafter. Staff who provided feedback to the inspector had a good understanding of safeguarding issues and were clear regarding agency procedures. Staff were able to describe their roles where safeguarding concerns arose with service users, understood the role of the HSC Trust, and described how they worked with service users to implement relevant protection plans. Comments included: 'I feel confident about safeguarding.'

Records reviewed by the inspector indicated that the agency responds promptly and fully to all suspected, alleged or actual incidents of abuse. The inspector received positive feedback from HSC Trust professionals regarding their confidence in the agency's response to safeguarding referrals and their ability to work in partnership with the HSC Trust in relation to the implementation of protection plans.

It was noted that the agency has begun a training programme in conjunction with HSC Trust professionals with the aim of increasing awareness and empowering service users to recognise and respond to safeguarding issues. Staff provided feedback regarding the discussion of safeguarding issues at tenants' meetings and described service users as 'very aware of the safeguarding processes'. Safeguarding information and sources of help were prominently displayed for service users in the agency.

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 has in place appropriate risk management strategies. There were records of risk assessments completed with each service user, and regularly evaluated, reviewed and recorded. The agency's governance arrangements include audit of any restrictive practices in place. It was noted that the review arrangements with the HSC Trust multidisciplinary teams allow for very flexible and regular review of service users as indicated by their level of need. It was evident from feedback received from staff and HSC Trust professionals that close working relationships are maintained in respect of risk management.

The agencies registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.3 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, including the use of restrictive interventions, is laid out in the Statement of Purpose (2015) and Service User Guide (2015).

The inspector reviewed a range of care plans which are provided to service users. Care plans are developed with service users in conjunction with assessment information provided by HSC Trust professionals. HSC Trust professionals are involved in evaluation and review of care plans which takes place three monthly or when the need is indicated. Records indicated regular evaluation and review of care plans; this was supported by feedback from agency staff. It was noted that agency staff show flexibility in the provision of care and support to service users; this was confirmed by feedback from HSC Trust professionals, relatives and service users. HSC Trust professionals provided positive feedback regarding the agency's ability to respond to and implement changes in care plans.

The inspector was informed of local advocacy services available for service users; posters displaying this information were visible in an area used by service users and their representatives.

The inspector examined a range of records maintained by agency staff in accordance with legislation and standards. It was noted that the agency maintains a policy which includes the management of records.

The agency maintains a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by a group of individuals including the registered manager of another service operated by the agency, and HSC Trust professionals who have knowledge of the service provided and the needs of service users. The quality monitoring system provides an objective, 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.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. As a result of feedback from a relative through the annual evaluation survey, the registered manager identified a specific support worker to improve communication between agency staff and relatives. Discussions with service users and relatives indicated with service users have open lines of communication with staff.

Service users and relatives who provided feedback indicated that they know who to go in the agency to discuss an issue or complaint. Complaints and compliments records, quality monitoring reports, the service user and relatives' evaluation surveys, and tenant meetings records provided evidence of how the agency maintains records of comments made by service users and/or their representatives.

It was evident during the inspection that the agency seeks to maintain effective working relationships with the HSC Trust and other agencies. The inspector received feedback which indicated that the agency maintains effective methods of relevant communication and partnership working with key stakeholders.

Staff comments:

- ‘Care plans are completed with and signed by service users.’
- ‘Service users work alongside their keyworkers and support staff to develop their care plans.’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 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.

Discussion and feedback from staff indicated that the values stated in the Minimum Standards, including dignity, respect, independence, choice, rights, equality and diversity, were embedded in the culture and ethos of service delivery at 2 Weavershill Road. Staff could confidently describe how they have upheld the rights of service users and promoted their independence and choice. This included challenging systems which resulted in disadvantage and discrimination to people experiencing mental ill health. Agency staff have participated in local initiatives with a range of stakeholders, to promote the equality of service users within the community.

The inspector received positive feedback from HSC Trust professionals regarding the person centred ethos of services provided by the agency, and the active role service users take in planning and implementing their own recovery process.

The inspector received feedback from staff, relatives and service users which indicated that the agency seeks and responds to the views of service users and representatives as a matter of course through one to one discussion and tenant meetings.

The agency sought the views of service users and relatives through an annual evaluation survey. The inspector noted the agency responded to matters identified in the evaluation survey by enhancing a specific service provided by the agency.

Service users who provided feedback discussed the manner in which agency staff have sought to communicate and treat them with respect on a day to day basis:

- ‘They treat you with respect.’
- ‘Some things are discussed in the house meeting, but other things are confidential and talked about on a one to one.’
- ‘I was made feel welcome from day one.’
- ‘They’re pulling back, letting me be more independent, I get the impression they see I’m capable.’
- ‘They listen to what I’m saying.’
- ‘They like to listen to what your opinion is, any queries they take on board.’

The inspector noted that service users were able to exercise choice regarding a range of daily choices including: who came into their home, the activities they took part in during the day, or chose not to take part in. Examination of documentation and discussions with staff and service users indicated that service users can exercise their choice to make decisions which could result in risk taking. Risk management includes education regarding informed decision making, collaboration with the HSC Trust, and providing appropriate support to minimise harm.

Formal processes to record and respond to the views of service users and relatives are maintained through the complaints and compliments process, quality monitoring, service user survey, and tenants' meetings. Discussions with staff indicated that the agency's confidentiality policy and procedure is understood by agency staff.

The agency maintains systems to evaluate the quality of service provided, in a manner which takes into account the views of service users and their representatives. The monthly quality monitoring, annual service user and relatives' evaluation survey record consultations with service users.

Service users' comments

- 'I'm treated fairly'.
- 'The staff are brilliant'.
- 'The staff understand me'.
- 'I can do my own thing'.
- 'I feel included'.
- 'The staff support me step by step'.
- 'You can have your say...the staff are caring'.

Relatives' comments

- '**** feels included, as if they belong, they made him part of it'.
- '**** depends on staff and respects them, it's a mutual relationship'.
- 'I couldn't ask for any better'.
- 'I see ****'s confidence getting built up'.
- 'Anything that worries me, I can go straight to staff'.
- 'The staff work with me'.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that the agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff, and key policies are retained in the office used by staff daily.

The agency maintains and implements complaint and compliments policy. The inspector noted that no complaints were received during the reporting period of 1 April 2015 to 31 March 2016.

The inspector noted that the governance systems within the agency identify and drive quality improvement. The agency's governance of risk includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA, complaints, and restrictive practices. The arrangements in place to manage incidents include measures to prevent and manage recurrence of issues.

The inspector saw evidence of a systematic approach to reviewing available information with the aim of improving the quality and breadth of experience of life for service users. The staff team within the agency have used a self-assessment tool to identify areas of potential improvement, formulated and implemented action plans. The management of risk within the agency supports positive risk taking in accordance with the choices of service users.

The management structure of the agency is clearly defined and was well understood by staff and service users. The inspector noted that a visual guide to the organisational structure was displayed in clear view and accessible to staff and service users. Staff who provided feedback to the inspector were informed of their responsibilities and understood their roles. Written and verbal guides to daily roles and responsibilities were available to staff on a daily basis.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary (2015). Feedback provided to the inspector indicated that there are effective collaborative working relationships with the HSC Trust which are valued by staff.

The inspector noted that the practice of the registered manager has provided effective leadership and positive role models for all staff. Staff described the registered manager as 'approachable', 'available', and 'supportive'. The ethos and culture of the agency is embedded from the registered manager and reflected in support staff.

Staff could describe lines of accountability and knew when and who to discuss concerns with. The inspector was informed that staff were confident that managers would listen to and address their concerns and suggestions.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. There are systems of supervision and consultation, both inside and outside of normal working hours. There was evidence of regular and effective staff supervision and appraisal.

Staff comments

- 'The manager is very supportive.'

Areas for improvement

- No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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No requirements or recommendations resulted from this inspection.

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 person/manager from their responsibility for maintaining compliance with the regulations and standards.



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