

Unannounced Care Inspection Report 3 September 2019



Four Oaks

Type of Service: Domiciliary Care Agency
Address: 1 Drumnakilly Road, Omagh, BT78 0JN
Tel No: 028 8225 9868
Inspector: Michele Kelly

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

Four Oaks is a domiciliary care agency of a supported living type which provides services to seventeen service users who need care and support care with mental health wellbeing. Service users live in their own homes in single or double occupancy accommodation and have the use of communal indoor and outdoor space. The manager leads a team of staff who provide personal care services and support to help service users maintain a tenancy.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust	Registered Manager: Paula McCarron
Responsible Individual(s): Dr Anne Kilgallen	
Person in charge at the time of inspection: Paula McCarron	Date manager registered: 1 February 2017

4.0 Inspection summary

An unannounced inspection took place on 3 September 2019 from 10.00 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 Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

The inspection assessed progress since the last care inspection to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

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 choices and freedoms associated with any person living in their own home.

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

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

Staff interactions observed by the inspector were noted to be very warm and caring. Each service user consulted spoke positively in relation to the care and support received.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Paula Mc Carron, registered manager as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 20 August 2018

No further actions were required to be taken following the most recent inspection on 20 August 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- all correspondence received by RQIA since the previous inspection

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

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Five responses were received and are referred to within the body of the report

Ten questionnaires were also provided for distribution to the service users and their representatives; two were returned and their feedback indicated they were 'satisfied' and 'very satisfied' with each of the four areas of service provided. In addition one questionnaire was also returned with attached comments which indicated areas of dissatisfaction. These areas were discussed with the manager in a telephone call and the inspector was satisfied with the manager's response and proposed actions.

The inspector spoke with three service users and three staff members. Comments received are included within the report.

The inspector would like to thank the registered manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 20 August 2018

There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's systems in place to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements within the agency.

The agency has a recruitment policy that outlines the procedures for ensuring that required staff pre-employment checks are completed. Discussions with the manager indicated that they had a clear understanding of the recruitment process and the need for robust systems to be in place. The manager stated that staff are not provided for work in the homes of service users until all required checks have been satisfactorily completed.

Discussions with staff and records viewed indicated that the agency's induction programme is in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are provided with an initial induction and in addition shadow other staff employed by the agency. The manager confirmed that while there had been no new staff employed since the last inspection one staff member had changed roles and the inspector viewed evidence of staff induction to a new role within the service.

It was identified that the agency has a system in place to ensure that staff are registered appropriately with the relevant regulatory body. The agency retains details of the registration status and expiry dates of staff required to be registered with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council. The manager stated that staff are not supplied for work if they are not appropriately registered and the registration of staff is monitored by the organisation's Human Resource (HR) department.

A record of staff supervision and appraisal is maintained. The records of three staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies.

The manager and staff could describe the process for identifying individual training needs and their responsibility for ensuring that training updates are completed. Staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. Staff stated that their training was informative and had equipped them with the required knowledge and skills for their role. They described the value of the additional

training received in improving the quality of care they provided and demonstrated a clear understanding of service user's human rights in all aspects of their lives. Training records viewed indicated that staff had completed relevant training and the agency retains appropriate records of all training.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the procedures maintained by the agency in relation to the safeguarding of adults which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance.

Discussions with the staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the Adult Safeguarding Champion (ASC) and the process for reporting adult safeguarding concerns appropriately and in a timely manner. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing. One safeguarding referral was reviewed by the inspector and appropriate actions had been taken to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation.

It was noted that staff are required to complete safeguarding training during their induction programme and regular training updates. From training records viewed it was noted that staff had received training in relation to adult safeguarding and child protection.

The inspector was informed that the organisation was in the process of completing an Adult Safeguarding Position report due 2020.

Staff confirmed that care is provided to service users by a core staff team to help provide continuity of care and develop positive relationships. Staffing is also enhanced by the use of bank staff who work regularly within the service and are well known to tenants. It is felt that this can have a positive impact on the service users' experience in accordance with their human rights.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. The inspector also discussed the recent changes the Northern Ireland Ambulance Service (NIAS) has made in relation to how they plan to respond where service users have fallen, but are uninjured.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The person in charge could clearly describe the process for assessing and reviewing risk. Records confirmed that comprehensive risk assessments and care plans had been completed in conjunction with service users and their representatives. The inspector viewed a very specific risk management plan which allowed a service user to maintain their tenancy with agreed support and monitoring.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection.

The review of three service users' care records identified that they were comprehensive, person-centred and maintained in an organised manner.

The care records evidenced referral information, risk assessments, care plans and annual care reviews with the relevant Trust representative. This supported the service user and agency to review and measure outcomes for the service users. Care plans were noted to be very person-centred and to clearly and concisely describe service users' needs. It was evident that human rights considerations were reflected in the assessments and outcome based care plans.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care and support plans had been signed by service users or their representatives to indicate that they had been involved in their care and had agreed to it. It was noted that where care support plans had been reviewed, the updated documents had been signed. The inspector was informed of a planned review which had been cancelled at short notice; following the inspection the manager confirmed that a new date had been arranged to review the care of this service user.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders. Representatives who spoke to the inspector was very happy with the communication from staff and complimented staff on their attitudes and responses.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, 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
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on equality and diversity.

Some of the other areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person-centred care
- individualised risk assessment
- disability awareness.

All those individuals who spoke to the inspector described how service users can make choices about the care and support they receive and provided assurances that service users can refuse any aspect of their care. Staff discussed the risks that may arise due to choices made by service users and could describe the process for raising concerns with the manager in relation to any identified risks.

Discussions with the service users, staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle. Service users' comments included:

- "I can honestly say that I would not like to be anywhere else."
- "I know I am safe here."
- "I have choice; it's the best thing that ever happened."

The service users and relatives who spoke to the inspector indicated that service users have choice and stated that staff respect their views, wishes and choices. The relatives stated that

staff will identify areas/issues that need attention and have supported their relatives to become more independent in a range of areas.

The inspector noted a range of compliments from relatives, comments included:

- “Never saw XXX as happy, XXX loves it very content.”
- “We see a positive difference.”
- “Four Oaks is grand, I think it is a great place.”

Compliments from relatives received by the agency included:

- “Thank you so much for all that you do for XXX, way over and beyond what is expected.”
- “You are all good and have hearts of gold.”

Tenants meetings are held on a regular basis, along with service users having one to one discussions with senior staff. Tenants meeting minutes were reviewed during inspection, areas for discussion included:

- Human Rights
- Fire Safety

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
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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

The agency’s Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The day to day operation of the agency is overseen by the manager, supported by a team of Band 5 and Band 3 staff.

The staff members spoken with confirmed that there were good working relationships and that their line manager was responsive to any suggestions or concerns they raised.

Processes for engaging with and responding to service users comments were evident in monthly monitoring reports and in the consultations for the annual survey.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed. RQIA had been notified of any reportable incidents.

The agency has a range of policies and procedures which are retained in the agency's office and electronically, where staff can access them. The policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency's complaints policy outlines the process for managing complaints; discussions with the manager and staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was noted that staff receive awareness training in relation to management of complaints during their induction programme. The service users and relatives spoken to could describe the process for raising concerns; this indicated that service users/relatives have access to clear and fair processes for getting their views heard in line with their human rights and to raise and resolve concerns or complaints. There were no complaints received since the last inspection. Following the inspection the inspector received information from an anonymous service user highlighting areas of dissatisfaction. These matters were discussed with the manager who agreed to address the issues reported and advised of the actions which would be taken. The inspector was satisfied that appropriate measures were in place to help resolve the issues reported.

There are management and governance systems in place within the agency to promote and drive quality improvement. Discussions with staff indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of compliments and complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA. The inspector noted that there is a new management of risk policy (2019).

During the inspection the inspector viewed records that evidenced staff receive appropriate staff induction, training, supervision and appraisal.

The inspector identified from records viewed and discussion with agency staff that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders. Following the inspection the inspector had a telephone conversation with a professional who visits the service regularly; this trust employee verified that staff are perceptive and sensitive to service users' needs and that there are good working relationships with staff and stakeholders.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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