

# Announced Care Inspection Report 20 August 2018



## Four Oaks

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

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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 maintain a tenancy.

### 3.0 Service details

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

### 4.0 Inspection summary

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

An unannounced inspection took place on 20 August 2018 from 09.45 to 14.45 hours

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 determined 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:**

- care records including the one page profile
- new induction procedure
- staff supervision and appraisal
- maintaining working relationships with all stakeholders

No areas of improvement were identified during this inspection.

Service users and relatives contacted by the inspector, spoke well of the service provided at Four Oaks in regards to safe, effective, compassionate and well led care. Many examples of good practice were highlighted and have been detailed within the report.

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.

The inspector would like to thank the person in charge, service users and staff for their support and co-operation throughout the inspection process.

## 4.2 Action/enforcement taken following the most recent care inspection dated 27 June 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 June 2018.

## 5.0 How we inspect

## 6.0 The inspection

## 6.1 Review of areas for improvement from the most recent inspection dated 27 June 2018

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

- previous inspection report and quality improvement plan (QIP)
- record of notifiable events for 2016/2017
- record of complaints notified to the agency

On the day of inspection the inspector spoke with three service users at Four Oaks. The service users interviewed have received assistance with the following:

- support with personal care
- assistance with meals
- social support
- support with medication management

During the inspection the inspector met with seven staff and following the inspection spoke on the telephone with a trust professional.

The following records were examined during the inspection:

- three service users' care and support plans
- care review records
- Health and Social Care Trust (HSC Trust) assessments of needs and risk assessments
- recording/evaluation of care records
- monthly quality monitoring reports
- staff meeting minutes
- tenant meeting minutes
- records relating to staff training, including induction training
- records relating to staff supervision
- staff rota information
- staff communication records
- recruitment policy
- supervision policy
- induction policy

- safeguarding adults procedures
- whistleblowing policy
- Statement of Purpose
- Service User Guide

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

At the request of the inspector, the manager was asked to display a poster prominently within the agency’s registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report. The manager was also asked to distribute ten questionnaires to service users/family members. Seven responses were received prior to the issue of the report.

The inspector requested that the manager place a ‘Have we missed you...?’ card in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

**6.2 Review of areas for improvement from the last care inspection dated 27 June 2017**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector evidenced that NISCC’s Induction Standards for new workers in social care is incorporated into the agency’s new induction programme.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 14.1</p> <p><b>Stated:</b> First time</p>	<p>The procedures 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.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector evidenced procedures in place for protecting vulnerable adults in line with regional protocols.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12.7</p> <p><b>Stated:</b> First time</p>	<p>A record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff. The record includes:</p> <ul style="list-style-type: none"> <li>• the names and signatures of those attending the</li> <li>• training event</li> <li>• the date(s) of the training</li> <li>• the name and qualification of the trainer or the</li> <li>• training agency; and</li> <li>• content of the training programme</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> The inspector evidenced records relating to staff training in each staff members file outlining the training agency, the date of training and the name of the course and certificates of attendance.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 13.3</p> <p><b>Stated:</b> First time</p>	<p>Staff have recorded formal supervision meetings in accordance with the procedures.</p> <p><b>Action taken as confirmed during the inspection:</b> Evidence of regular and formal supervision meetings with staff was available and up to date at the time of inspection.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 13.5</p> <p><b>Stated:</b> First time</p>	<p>Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	<p><b>Met</b></p>

	<b>Action taken as confirmed during the inspection:</b> Evidence that annual appraisal meetings with staff had taken place was viewed by the inspector.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 8.12 <b>Stated:</b> First time	The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector evidenced an annual quality service review for the agency which involved stakeholders.	

### 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.**

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 (HR). Documentation viewed and discussions with the staff indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work until required pre-employment checks as outlined within the minimum standards have been satisfactorily completed and verified.

The agency's new induction policy details the induction programme provided; it is a robust process in excess of the three day timescale as outlined within the domiciliary care agencies regulations. Staff are required to complete an induction workbook based on the Northern Ireland Social Care Council's (NISCC) Standards for care workers.

Discussions with staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual service users.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal. Records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures.

It was identified that the agency maintains an individual record for all staff detailing training completed and details of registration status with relevant regulatory bodies such as Northern Ireland Social Care Council (NISCC).

The agency has a system in place for managing staff training; staff could describe the process for identifying gaps in training in conjunction with the organisations training department. Staff are required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. This was evident on the day of inspection when staff had gathered to attend specialist in house training designed to assist staff to manage behaviours which may challenge. This had been requested following an incident and staff described it as very helpful. A system is in place to review staff mandatory training and update training as required.

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 key worker. There are regular meetings to discuss tenant issues, possible group activities, outings and relevant policy updates.

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 (2016) 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.

Training records viewed by the inspector indicated that staff had received training in relation to safeguarding. From training records viewed staff are required to complete safeguarding training during their induction programme and an update two yearly.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Service users are supported to participate in an annual review involving their HSC Trust keyworker and that care and support plans are reviewed as required.

A number of service users have more frequent reviews in conjunction with their identified HSC Trust representative due to the nature of their individual needs.

The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly review arrangements include an audit of risk assessments and any practices deemed to be restrictive.

## **Comments received during inspection.**

### **Service users' comments**

- "It is brilliant here, it keeps you safe."
- "I have no problems."

### **Staff comments**

- "Service users have a good quality of life here."



- “Training clarifies and reassures you.”

Seven questionnaires returned from service users indicated satisfaction in respect of safe care.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff induction and supervision and appraisal.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

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

The agency’s arrangements for responding to, assessing and appropriately meeting the 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 inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely. The inspector noted that staff had received training relating to record keeping, confidentiality and data protection.

Discussions with the staff indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by a range of service managers and an action plan is developed if required. The monitoring officer has ensured that each quality monthly monitoring report includes an effective level of detail of the findings during the visit.

The agency’s systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Observations of staff interaction with service users during the inspection, discussions with service users and staff provided evidence that staff communicate effectively with service users.

Review of team meeting records indicated that team meetings took place on a regular basis; the staff who spoke to the inspector verified this and staff also informed the inspector that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that staff communication is good.

Review of tenant meeting minutes by the inspector showed the views of service users are taken into account in planning and making decisions.

**Comments received during inspection.**

**Service users' comments**

- “I cannot find any fault.”
- “If any of the staff left I would miss them.”

Seven questionnaires returned from service users raised no areas for review in respect of effective care.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, 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.**

Discussions with the staff and observations made by the inspector indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe examples of how they support service users to take positive steps to enable them to live a more fulfilling life.

Staff have been provided with training and information in relation to human rights and confidentiality during their induction programme. The agency has provided service users with information relating to human rights, advocacy and adult safeguarding.

From discussions with service users during the inspection it appears that staff endeavour to provide care in an individualised manner and strive to ensure that service users are encouraged and supported to make informed choices. Records of service user meetings reflected the involvement of service users and contained comments/suggestions made by service users. The inspector was informed of a “one page profile” document which is being added to service user records. This document describes on one page the matters important to the service user and information designed to help carers communicate meaningfully with service users. An example was available on the day of inspection and the inspector commends the person centred, easy read information which has been created in partnership with service users to address matters such as;

- “What people appreciate about me.”
- “What is important to me.”
- “How to support me.”

Processes to effectively engage and respond to the comments and views of service users and where appropriate their representatives are maintained through the agency’s complaints process, one to one meetings with service users, monthly quality monitoring visits, care review meetings involving HSC Trust keyworkers and service user meetings.

Observations made by the inspector during the inspection indicated that service users are encouraged to make choices regarding their individual daily routine and activities. The inspector noted that service users could speak to staff at any time. A service user who met with the inspector indicated disappointment that meals are no longer catered by a cook employed by the service. The manager explained that all service users are now encouraged and supported to prepare meals individually in their own kitchens allowing for greater independence and in keeping with the ethos of supported living. The inspector noted that the change in catering arrangements had been explained and discussed in tenants meetings.

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.

Seven questionnaires returned from service users indicated satisfaction in respect of compassionate care.

**Comments from service users;**

- “Staff are excellent.”
- “I am treated with the utmost kindness and respect.”

**Comments from relatives;**

- “XXX likes it there, XXX sees it as his home.”
- “They look after XXX well.”

**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.**

A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided. Under the direction of the manager, Mrs Paula McCarron, the agency provides care and support to 17 adults living in Four Oaks.

The agency's complaints policy clearly outlines the procedures and timescales for managing complaints. Staff stated that they had received training in relation to complaints management during their induction; discussions with the staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was identified from records viewed that the agency has received no complaints since the previous inspection.

On the day of the inspection it was noted that a number of incidents had taken place since the last inspection 27 June 2017. The inspector examined the records and found that the agency had dealt with the incidents in accordance with its procedure and policy.

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. 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.

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. The manager was also able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Discussions with staff and service users highlighted evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- safeguarding
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The Statement of Purpose for the service was reviewed and revised by the provider in 2017. The document clearly describes the nature and range of the services to be provided and addresses all of the matters required by regulation 5 (1) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

All relevant staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency's policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the human resource department. Records viewed by the inspector indicate that staff are registered appropriately.

#### **Staff comments received during inspection;**

- “The manager is very good, always there to listen.”
- “The manager is very approachable.”

Seven questionnaires returned from service users indicated satisfaction in respect of the service being well led.

#### **Areas of good practice**

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

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

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