



The Regulation and
Quality Improvement
Authority

Four Oaks
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**Unannounced Care Inspection
of
Four Oaks**

9 February 2016



The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 9 February 2016 from 10.00 to 15.15. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified and there is no Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 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 can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Mrs Elaine Way	Registered Manager: Applicant registered manager
Person in charge of the agency at the time of Inspection: Team Leader	Date Manager Registered:
Number of service users in receipt of a service on the day of Inspection: 16	

Four Oaks is a domiciliary (supported living) service providing care and support to sixteen service users with enduring mental health needs. Accommodation is provided by Helm Housing Association in thirteen single flats and two shared flats. Service users have a separate tenancy with Helm Housing. Services provided can include assistance with personal care, social support, maintaining a tenancy and social inclusion with the overall goal of promoting good mental health and enhanced quality of life.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

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

- Examination of records
- Discussion with the staff and registered manager
- Feedback from service users and their representatives.

Prior to inspection the following records were analysed:

- Report and QIP of previous RQIA care inspection
- Records of incidents reported to RQIA
- Any relevant information regarding the agency received by RQIA.

During the inspection the inspector met with three members of staff, seven service users, one community professional and spoke with two relatives. On 10 February 2016 the inspector spoke with the applicant registered manager. Feedback received by the inspector is included throughout this report.

The inspector left a number of staff questionnaires for completion; four were returned. Four questionnaires indicated that staff were either satisfied or very satisfied:

- That service users received care and support from staff who were familiar with their care needs
- That service users have their views and experiences taken into account in the way service is provided and delivered
- That staff would be taken seriously if they were to raise a concern
- That the agency's induction process prepared staff for their role.

Three staff questionnaires indicated that staff were either satisfied or very satisfied:

- That an appropriate number of suitably skilled and experienced staff are available at all times.

The inspector left a number of questionnaires for service users to complete; five were returned. Service users indicated that they were satisfied or very satisfied:

- With the care and support they received
- That their views and opinions were sought about the quality of the service
- That staff know how to care for them and respond to their needs

- That staff help them to feel safe and secure
- That an appropriate number of suitably skilled and experienced staff are available at all times.

Service users' comments

'Safety is a big issue for me, I feel safe here'

'It's safer at night for me'

'The staff are excellent, they have been very good, kind, they listen and take time with me'

'The staff are overworked but do their job 100%'

'I just knock on the door for staff, they listen to me'

'I can't fault the staff and care'

'I have my say'.

The following records were examined during the inspection:

- 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
- Documents relating to staff training
- Records relating to staff supervision
- Recruitment policy
- Supervision policy
- Induction procedure
- Complaints records
- Staff register
- Staff rota information
- Service user meeting minutes
- Staff handover information
- Staff meeting minutes.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 10 March 2015. No requirements or recommendations resulted from this inspection.

5.2 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory, and that staff are fit for the purposes of work. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained.

The agency has a structured induction programme lasting at least three days; the programme was seen by the inspector. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

The inspector was advised that the agency does not use staff from a domiciliary care employment agency. If shifts are required to be covered at short notice, staff currently employed by the agency provide cover.

The agency has a policy and procedure in place for staff supervision and appraisal which details frequency of four sessions of individual supervision per year. The inspector saw records of supervision which indicated that staff receive supervision in line with agency policy.

Is Care Effective?

Discussions with staff indicated that an appropriate number of skilled and experienced persons are available to meet the assessed needs of service users. Examination of staff rotas reflected staffing levels described by staff.

Staff who took part in the inspection were clear regarding their roles and responsibilities and described having knowledge of service users gained over long periods of service. Service users provided very clear feedback to the inspector that the staff team were skilled in meeting their needs.

Documentation and discussion with staff indicated that an effective induction programme is provided prior to staff giving care and support to service users. Staff commented on receiving good peer and managerial support during the induction period. The effectiveness of staff induction is assessed through an induction meeting, monthly supervision and observation. The inspector was advised that there is a stable staff team with good continuity of staff providing services to service users.

Discussion with staff showed that the agency has a process in place to identify and respond to training needs. A member of staff described training as very good.

Supervision is provided by staff who have appropriate supervisory training. Staff described receiving supervision and appraisal in line with the agency's policy, and having access to informal supervision from the applicant registered manager. A duty manager rota is operational out of hours.

The whistleblowing policy is accessible to staff in electronic and paper formats. Staff provided feedback that they were confident that concerns raised would be appropriately considered by the agency.

Is Care Compassionate?

The agency has a process to maintain a record of comments made by service users/representatives in relation to staffing arrangements, including through monthly monitoring reports, service user meetings and complaints. It was noted that service user feedback regarding the quality of the service was a standing item in service user meeting minutes. Service users who spoke with the inspector knew that they could express their views about staffing arrangements and other issues.

The agency has good continuity of staff and uses current staff to fill shifts. Staff reported that any potential changes of staff are discussed with service users one to one or through service user meetings. It was noted that recent changes in managerial arrangements had been personally discussed with service users on a one to one basis by the departing registered manager. The new manager was known to the majority of service users. The agency has a process in place for addressing the unsatisfactory performance of a domiciliary care worker.

Examination of the induction programme and discussion staff indicated that induction is specific to the needs of service users. Agency staff described how the induction process involves meeting service users and learning about their care needs with an experienced member of staff. The induction process described during the inspection takes into account the consent, privacy and dignity of service users.

Agency staff who took part in the inspection confirmed that they have the knowledge and skills to carry out their roles and responsibilities. Staff who took part in the inspection were knowledgeable about the needs of service users and could describe how to meet those needs. During the inspection, staff were observed interacting with service users in a manner which indicated they had appropriate knowledge and skills to meet the needs of those service users. The inspector received positive feedback from a community professional who commented on the improvement in service users' mental health subsequent to them receiving care at Four Oaks.

Areas for Improvement

No areas of improvement were identified in relation to Theme 1.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

The inspector viewed assessment of needs and risks by the referral agent which reflected the views of service users and/or representatives. A range of care and support plans examined by the inspector reflected assessments of need and risk assessment.

It was noted that service users receiving support at Four Oaks have a range of needs, including complex needs which require risk management in conjunction with the HSC Trust. Staff discussed examples of positive risk taking where service users were supported by staff to maintain or promote independence by taking part in activities of their choice.

Staff who provided feedback were aware of issues relating to balancing risk with the independence and wishes of service users.

Is Care Effective?

Records were maintained which showed that care is regularly evaluated and reviewed within procedural guidelines and as the service user's needs change. It was noted that the HSC Trust works closely with the agency in respect of service users who needs are complex. A community professional provided positive feedback regarding the ability of agency staff to participate effectively in the review process and implement care plans. The views of service users and/or their representatives were recorded in review records.

The inspector viewed a range of care and support plans which were written in a person centred manner, included the service users' wishes throughout, and showed evidence of updating.

The written evidence reviewed during inspection and feedback from a number of service users indicated that the agency responds consistently to the views of service users. It was evident that the agency shows flexibility in providing a service in accordance with service users' preferences. In the course of the inspection a service user expressed their views regarding the manner in which services are delivered to them. The inspector discussed the service users' feedback with the applicant registered manager and received assurance regarding subsequent changes to the service users' care and support plan.

The agency has processes in place to ascertain and respond to the views of service users and their representatives, including through monthly monitoring and service user meetings. The inspector met with service users who were able to show how they choose to lead their lives, including through the pursuit of individual interests. It was noted that some service users described an improvement in their quality of life through receiving support from staff to keep pets.

Service users have been provided with information relating to human rights and advocacy in a suitable format. Staff were able to describe how the promotion of human rights is implemented in practice. It was noted that human rights are a standing item on service user meeting minutes.

Is Care Compassionate?

During the inspection it was evident that service users receive individualised care, in a manner which promotes the interests and independence of each service user. Service users discussed the choices they make regarding their daily routines and showed the inspector how they are supported to pursue individual interests. Service users were clearly able to describe to the inspector how they can make their own choices regarding how they choose to lead their lives.

It was very evident from discussion with service users and relatives that they are aware of their rights to be consulted and have their views considered in relation to service delivery. Service users who spoke with the inspector were clearly able to express their views and described how they make their views known to staff and management of the agency. Relatives commented that they could speak to a member of staff if they wished to.

The agency could demonstrate that the service users' views, capacity and consent have been taken into account in service delivery. Staff who participated in the inspection could clearly describe how human rights and the values underpinning the Minimum Standards are promoted in the care provided to each service user.

Service users' comments

'I can make my own choices'

'I can speak to staff if there are any problems'

'The staff know me very well'

'Each person has a support worker to do a plan with you, it helps to give you a push'

'I can decide whether to go to town or not'

'I'm encouraged to go out, it gives me a boost'

'I can decide what to do, the staff ask me what I want'

'I say what I think'

'The staff listen'

'The staff are great with me'

'The staff are brilliant, they notice how I am, they reach me'

'I'm the best I've been in a long time'

'It's great to live here'.

Relatives' comments

'The service is very good, I have no complaints'

'The staff are very helpful'

'If there was a problem I could speak to the manager'

'**** can come and go and still have the support of staff'

'**** has freedom'

'The staff respect ****'s privacy'

'If I am worried I can ring the staff'.

Areas for Improvement

No areas of improvement were identified in relation to Theme 2.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

5.4.1 Quality monitoring

Reports of monthly quality monitoring completed on behalf of the registered person were examined during inspection. The reports ascertain and respond to the views of service users, relatives, professionals and staff. It was noted that positive feedback regarding the quality of service had been received by service users, relatives, and community professionals from the HSC Trust. The reports progress on improvement issues identified by monitoring and RQIA Quality Improvement Plans. The inspector noted that the standard of quality monitoring reports provided assurance of a robust system of quality monitoring.

5.4.2 Complaints

The inspector examined records of complaints received from 1 January 2014 - 31 March 2015, no complaints were received.

5.4.3 Safeguarding issues

There have been no safeguarding referrals made since the inspection of 10 March 2015.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Mrs Paula McCarron	Date Completed	29/02/2016
Registered Person	<i>Eaine Hay</i>	Date Approved	7 April 2016
RQIA Inspector Assessing Response	<i>Ronald Jig</i>	Date Approved	13/4/2016

Please provide any additional comments or observations you may wish to make below:

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