

Unannounced Care Inspection Report 24 October 2016



The Heathers Supported Living Services (Armagh)

Type of service: Domiciliary Care Agency
Address: 39 Ballynahonemore Road, Armagh BT60 1JD
Tel no: 02837522209
Inspector: Audrey Murphy

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of The Heathers Supported Living Services (Armagh) took place on 24 October 2016 from 10:00 to 16:30.

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

Is care safe?

The agency has in place robust recruitment systems and ensures that there is at all times an appropriate number of suitably qualified, competent and experienced staff to meet the needs of service users. Feedback from service users and staff reflected high levels of satisfaction with this aspect of service provision.

The agency has arrangements in place to promote the welfare, care and protection of service users and to ensure that risks are identified and managed. The agency responds appropriately to the needs of service users and there was evidence of effective working relationships with other agencies and organisations.

No areas for quality improvement were identified during the inspection in relation to 'Is care safe?'

Is care effective?

The agency responds appropriately to meet the individual needs of service users through the comprehensive assessment of need and the implementation of individualised care and support plans. Service user satisfaction in relation to effective care was high and service users described a range of positive outcomes for them to the inspector.

The agency has in place robust systems for reviewing and monitoring of quality of care in conjunction with service users, and where appropriate their representatives, and for providing ongoing assurance of continuous improvement of service delivery.

No areas for quality improvement were identified during the inspection in relation to 'Is care effective?'

Is care compassionate?

The inspector noted the provision of individualised care and support and service user feedback reflected warm relationships with staff and the delivery of person centred care. The views of service users and/or their representatives are sought on a regular basis and were noted to have been incorporated into service delivery improvement plans.

No areas for quality improvement were identified during the inspection in relation to 'Is care compassionate?'

Is the service well led?

The agency has in place robust management and governance systems to meet the needs of service users and to drive quality improvements.

The agency has a clear management structure and agency staff and service users indicated high levels of satisfaction with the management and leadership arrangements.

The agency is operated in accordance with the regulatory framework and there was strong evidence of effective collaborative working relationships with a range of organisations including the HSC Trust.

No areas for quality improvement were identified during the inspection in relation to 'Is the service well led?'

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

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 Mrs Susan McBride, registered manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent inspection

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

2.0 Service details

Registered organisation/registered person: Inspire Wellbeing Limited/Prof Peter Arthur JamesMcBride	Registered manager: Mrs Susan Margaret McBride
Person in charge of the service at the time of inspection: Mrs Susan Margaret McBride	Date manager registered: 7 August 2015

3.0 Methods/processes

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

- Discussion with the registered manager and staff
- Examination of records
- Consultation with service users
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report
- Records of notifiable events
- Summary of complaints received by the agency from 1 January 2015 to 31 March 2016

The following records were viewed during the inspection:

- Two service users' care records including HSC Trust assessments of needs and risk assessments
- Care review records
- Daily records/evaluation of care
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Core Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment processes
- Staff induction records and induction checklist
- Staff rota information
- Staff Induction Handbook
- Recruitment and selection Policy, August 2015
- Supervision Policy, February 2016
- Adult Safeguarding Policy, February 2016
- Referral, care and support planning, and review Policy
- Whistleblowing Policy, March 2016
- Complaints Procedure, November 2014
- Confidentiality Policy, March 2016
- Statement of Purpose
- Service User Guide
- Service Users Participation Strategy, August 2015
- Probationary Procedure, September 2015

During the inspection the inspector met with the registered manager and three staff. The inspector also met with four service users at the agency's registered premises. After the

inspection visit the inspector was invited to visit the homes of several service users and spoke with four service users and two staff.

Questionnaires were distributed for completion by staff and service users during the inspection. Nine service users and six staff returned a questionnaire to RQIA. Feedback from service users and staff is incorporated into this report.

4.0 The inspection

The Heathers is a supported living type domiciliary care agency based in Armagh. The agency provides a range of personal care and supported housing services to individuals with a learning disability; service users have their care commissioned by the local Trust (Southern Health and Social Care Trust) and the Belfast Health and Social Care Trust.

At the time of the inspection there were 22 individuals in receipt of a service.

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

4.1 Review of requirements and recommendations from the last inspection dated 3 July 2015

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

4.2 Is care safe?

The agency's Recruitment and Selection Policy and Procedures (August 2015) were examined and were in accordance with the regulations and minimum standards. Recruitment records were available for inspection and evidenced that recruitment practices were in accordance with the agency's policy and procedures.

The agency maintains an alphabetical index of staff and at the time of the inspection there was a deputy manager, five team leaders, two relief team leaders, 38 support workers and seven relief support workers providing care and support to service users.

Service users who returned a questionnaire to RQIA indicated they were satisfied or very satisfied with this aspect of service provision. Some service users commented:

- "I feel safe in my home and staff support me with everything."
- "We have safety checks every week."
- "Very good staff, the staff are very good to us."

The agency's staff induction arrangements were examined and discussed with staff including one support worker who had recently completed their induction.

The agency has an induction procedure (March 2016) and a comprehensive induction handbook. The induction handbook had been prepared in accordance with the Northern Ireland Social Care Council's (NISCC) standards of conduct and practice and included information on the agency's adult safeguarding procedures.

The agency's Induction checklist for staff evidences a three day structured induction programme for all staff, including those who are used from another agency on a regular basis. The registered manager advised the inspector that a 'block booking' of staff is in place with another agency in order to promote continuity and consistency within service provision. Induction records examined provided evidence of completed induction programmes signed by new workers and the senior member of staff. Staff induction arrangements also include confirming that all pre-employment information has been obtained and are satisfactory.

A member of staff who met with the inspector described their induction as comprehensive and advised the inspector that they believed that it prepared them adequately for their role as a support worker.

The agency has a Probation Procedure (September 2015) and this sets out the stages at which the new worker's performance is monitored during the initial six months of their employment. The agency also undertakes competency assessments of those staff who are responsible for the service in the absence of the registered manager.

The agency's supervision procedures (February 2016) outline the arrangements for staff to avail of supervision with their line manager. The procedures outline the frequency of staff supervision (no less than every six weeks) and the arrangements for recording these meetings. Staff who met with the inspector confirmed that they receive supervision in accordance with the agency's procedures and that there are records maintained of supervision meetings. Supervision logs were maintained and also evidenced the provision of supervision to staff in accordance with the agency's policy and procedures.

Staff described the management arrangements as supportive and advised the inspector that senior staff are approachable and always available to refer to as appropriate. The agency's on call arrangements were examined and included cover from senior agency staff and from senior management within Inspire Wellbeing Limited.

The agency's Performance and Development Policy sets out the agency's performance management systems and performance improvement planning and staff are appraised annually. Staff appraisal systems in place evidenced the appraisal of the staff members' progress towards fulfilling the agency's expectations regarding a range of areas including communication, results delivery, and motivational leadership and are discussed and reviewed mid-year.

The agency's staff training records were examined and staff training was discussed with staff who reflected high levels of satisfaction with the amount and quality of training provided. Staff have completed training in a range of areas including restrictive practices, keeping adults safe, managing service users' money, medication, physical interventions (RESPECT), team leader training, infection control, food hygiene, fire safety, dementia care, challenging behaviour, COSHH, first aid, moving and handling.

All of the staff who returned a questionnaire indicated that the training received is appropriate to their role and that they receive supervision and appraisal. Some staff commented:

- "All staff are aware of risks to each service user and care plans/risk assessments are monitored and updated according to need."
- "I feel that the staff provide excellent care to all the service users and their health and wellbeing and safety is paramount."

The agency's arrangements for safeguarding service users were examined and discussed with agency staff. The agency's whistleblowing policy had been updated in 2016 and provided a range for information and support for agency staff in relation to raising concerns about poor practice.

Staff who met with the inspector were familiar with the agency's whistleblowing arrangements and advised the inspector that they were confident of an appropriate management response should they need to raise a concern about poor practice.

The agency's Safeguarding Children and Vulnerable Adults Policy and procedures were revised in February 2016 and reflected the definitions set out in the revised regional guidance. Staff who participated in the inspection were knowledgeable about the agency's safeguarding procedures and reflected that they had received safeguarding training at induction and on a regular basis. Examination of the agency's training records provided further evidence of regular uptake in safeguarding training and the early identification of timescales for updates.

The agency's safeguarding records were examined and discussed with the registered manager. It was evident that agency staff had demonstrated their ability to identify safeguarding concerns and to record and report these appropriately. The agency maintains records of all safeguarding referrals made to the HSC Trust and records of meetings attended with the HSC Trust in respect of these. The agency also maintains records of the outcomes of all safeguarding referrals made to the HSC Trust and where appropriate, the closure or transfer summary records. There was evidence of working with other agencies including RQIA, PSNI and HSC Trust behaviour support services, and where appropriate there were protection plans in place which referenced the service users' human rights.

Care is evaluated on a regular basis and staff complete daily notes which are discussed with service users individually, during staff meetings and during care review meetings.

A schedule of service user reviews is maintained by the agency and reflected that all service users have had a HSC Trust review in the past 12 months or had a review scheduled. The agency prepares a report for the review meeting in conjunction with the service user. This is written from the service user's perspective and signed by the service user, the team leader, care manager and registered manager.

There were risk management and minimisation plans in place for service users which highlighted relevant risks and the service user's capacity to make informed decisions. The action plans in place reflected positive risk taking and made appropriate references human rights. The plans had been reviewed regularly and had been signed by agency staff, the service user and their care manager.

The agency's registered premises are suitable for the purposes of the agency, as set out 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 statement of purpose and service user guide were examined and had been revised in 2015; both documents had been prepared in accordance with the regulations and standards. The nature and range of services are described in detail within both documents.

The agency has data retention and disposal procedures and record keeping requirements are covered during the staff induction programme. Service user and staff records are secured within the agency's office space.

The arrangements for evaluating the effectiveness of the care provided by agency staff were examined. Discussions with service users and with agency staff provided evidence of significant service user involvement in the development of care plans and in the review of the effectiveness of service provision. The registered manager described a range of opportunities for service users to comment on the quality of the care received including one to one sessions with nominated staff, review meetings, service user group meetings and during quality monitoring undertaken on a monthly basis.

The agency's complaints procedures were examined and were in accordance with the regulations and minimum standards. The registered manager advised that in addition to one to one meetings with staff and house meetings, she meets with service users in a group on a monthly basis and seeks their views on the quality of service provision.

The inspector read several records of staff team meetings and evidenced discussions relating to service users' care and support plans, needs assessments, staff training, human rights, NISCC registration and updates on staff recruitment.

Staff who participated in the inspection advised the inspector that the views of service users and staff are sought regularly and are taken into account in the development of the service.

The manager stated that they are required to complete a monthly operational report. Monthly quality monitoring visits are completed by an assistant director within the organisation and an action plan developed. The records of these quality monitoring visits included the views of service users, their relatives and where appropriate relevant professionals. The documentation also includes details of the review of complaints, compliments, accidents, incidents and safeguarding concerns; and audits of recruitment, use of agency staff and the provision of staff supervision.

Service users who returned a questionnaire to RQIA all indicated high levels of satisfaction with this aspect of their care and confirmed they are involved in their care planning and review of their care needs.

Questionnaires returned by agency staff also reflected high levels of satisfaction with the effectiveness of care provided and some staff commented:

- "Every aspect of care for each service user is monitored meticulously. All concerns and input from service users are implemented."
- "All service users are involved in their package of care."

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 agency's confidentiality procedure (March 2016) was available for inspection and outlined the responsibilities of staff with regard to record keeping and data protection. Staff who participated in the inspection outlined their understanding of their responsibilities relating to the promotion of service users' confidentiality and privacy. Staff were observed interacting with service users in a friendly and supportive manner.

All of the staff who returned a questionnaire indicated that service users are treated with dignity and respect and involved in decisions affecting their care. Some staff commented:

- "Staff are genuinely committed to helping create and achieve a happy, dignified lifestyle for all service users."
- "The human rights of service users are upheld and promoted at all times."

The agency has developed user friendly information in relation to complaints: 'Complaints, Compliments and Concerns' (2014) and a questionnaire has been developed for service users to complete seeking their views on:

- Feeling safe in their home
- Happy with the care and support
- Staff ask me what is important to me
- Staff treat me fairly and with respect
- Staff support me to make a complaint when I need to

Service users are also encouraged to comment on the care they receive during key work sessions, at house meetings and during service user consultation sessions.

The inspector met with four service users at the agency's registered premises and with four service users in their own homes. The following comments were noted:

- "I love living here; it's the best place ever."
- "I've got more independence here."
- "There are enough staff; they help with and they listen to me."

All of the service users who returned a questionnaire to RQIA indicated that they were either satisfied or very satisfied with this aspect of their care. Service users also confirmed they are treated with dignity and respect and that their views and opinions are sought about the quality of the service.

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 agency is managed by the registered manager who has support from a deputy manager and team leaders. The registered manager receives supervision from an assistant director who also undertakes quality monitoring of the service provision. The agency's organisational structure was in place and the roles and responsibilities of all staff were clearly outlined within job descriptions. The inspector also noted competency frameworks in place for all grades of staff.

The inspector noted high levels of satisfaction with the management and leadership of the agency from of the service users who returned a questionnaire to RQIA; service users also indicated they were satisfied that any concerns or complaints would be listened to and responded to appropriately.

Staff who returned a questionnaire to RQIA also indicated satisfaction with the management and leadership of the agency and some commented:

- "There has been ongoing recruitment of new staff; there are always adequate staffing levels."
- "The Heathers is very well managed."

A range of policies and procedures was examined during the inspection and these had been revised and updated as appropriate in accordance with the minimum standards.

The registered person's system for evaluating the quality of the services provided by the agency was examined. This includes a monthly monitoring visit to the agency's office from an assistant director, on behalf of the registered person. The monitoring reports of these visits were examined and contained a summary of the views of service users, their representatives, agency staff and HSC Trust staff.

Agency staff and service users advised the inspector of the arrangements in place for service users to provide their views on the services provided; these included one to one meetings with nominated staff members, during review meetings, service user group meetings and during monthly quality monitoring visits.

The agency's complaints procedures had been produced in an easy read format and four complaints had been received during the period of 1 April 2015 – 31 March 2016. Three of these were related to environmental issues and had been resolved; one related to a service user's relative's dissatisfaction about how a piece of information had been handled. Other complaints received since 31 March 2016 were noted to have been resolved locally. The outcome of each complaint had been noted alongside communications with complainants and other agencies. It was good to note that staff training needs identified from complaints information had been addressed.

It was also good to note that agency staff had received compliments from HSC Trust staff who had highlighted aspects of the quality of the care provided and the positive outcomes for service users.

The agency's incident records and records of notifiable events were reviewed and had been maintained in accordance with the regulations and minimum standards. There was evidence of appropriate referrals to the HSC Trust and to other agencies. The agency's Incident, Accident and Near Miss Management Procedure (February 2016) outlines the arrangements for responding to and reporting on accidents and incidents and there was evidence of investigations being undertaken with recommendations made.

The agency's registered manager completes a 'Monthly Operational Report' and this is forwarded to line management within the organisation on a monthly basis. The report includes information in relation to accidents, incidents, complaints, staff meetings, numbers of staff supervised, service users reviewed and audits undertaken.

The agency's arrangements for ensuring effective communication were discussed and there were records of core team meetings, team leader meetings, house meetings and service user consultation meetings. Staff who participated in the inspection spoke positively about their ability to communicate effectively with colleagues and management and advised the inspector that there are a range of formal and informal opportunities for them to share their views and make suggestions. Staff also advised the inspector of a recent consultation with staff that had been undertaken in relation to proposed changes in the working patterns of staff following a review of staff duty rotas.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 provider from their responsibility for maintaining compliance with the regulations and standards.



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