

Announced Care Inspection Report 22 January 2018



Ashley Grove Supported Living Service

Type of service: Domiciliary Care Agency
Address: 7 Ashley Grove, Dunmurry, Belfast BT17 9EA
Tel no: 028 9062 4643
Inspector: Caroline Rix
User Consultation Officer: Clair McConnell

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

Ashley Grove is a supported living type of domiciliary care agency in a detached two storey house situated in Dunmurry. It is the home of two tenants who rent their accommodation from Triangle Housing Association.

Autism Initiatives provides a domiciliary care type supported living service to both tenants. Staff provide support on a 24 hour basis and are present in the tenants' home at all times. Agency staff support tenants to secure their home and the front door is locked at all times. The front door is also locked from inside; tenants require assistance from staff to leave their home. The agency also provides care and support to one service user in the community.

3.0 Service details

Registered organisation/registered person: Autism Initiatives NI/Andrew Grainger (Acting)	Registered manager: Linda Davidson
Person in charge of the service at the time of inspection: Linda Davidson	Date manager registered: 21 March 2014

4.0 Inspection summary

An announced inspection took place on 22 January 2018 from 09.30 to 12.15 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 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.

Evidence of good practice was found in relation to care records, reviews, communication between service users and agency staff and other key stakeholders.

Service users and relatives spoken with by the User Consultation Officer (UCO), provided feedback regarding the service provided by Ashley Grove Supported Living service in regards to safe, effective, compassionate and well led care. Some examples of good practice were highlighted and complimented and have been detailed within the body of this report. The staff spoken with during inspection provided valuable feedback in terms of their work within the agency.

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 Linda Davidson, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 14 November 2016

No further actions were required to be taken following the most recent inspection on 14 November 2016.

5.0 How we inspect

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

- Previous inspection report
- Record of notifiable events for 2016/2017
- All communication with the agency
- User Consultation Officer (UCO) report

Prior to the inspection the UCO spoke with two relatives to receive their views on the service. The UCO also spoke informally with four support workers; as well as observing their interactions with the two service users.

During the inspection the inspector spoke with three staff to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

During the inspection the inspector spoke with the registered manager, Linda Davidson and observed the interactions of staff with a service user.

At the request of the inspector, the registered 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. Five staff surveys were returned to RQIA and feedback is included within the body of this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, training, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting
- Statement of purpose
- Service user guide
- Service user records regarding care and support planning
- Service user' records regarding ongoing review, and quality monitoring
- Recording and evaluation daily records
- One new support worker's recruitment and induction records
- Two long term support workers' supervision and appraisal records
- Staff training records
- NISCC registration and renewal of registration processes
- Monthly monitoring reports for October to December 2017
- Annual quality report for 2017
- Communication records with HSCT professionals

- A range of compliments records
- A range of incident records

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 November 2016

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

6.2 Review of areas for improvement from the last care inspection dated 14 November 2017

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

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 compliant with related regulations and standards.

The agency has in place a comprehensive recruitment policy; this was updated September 2017 by Autism Initiatives NI. The organisation has a dedicated human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks. Records viewed and discussions with the registered manager indicated that the agency has in place robust recruitment systems to ensure that staffs are not provided for work until all pre-employment information has been satisfactorily completed and verified. The inspector found that staffing arrangements maximise the provision of familiar staff to service users.

The UCO was informed by the relatives and staff interviewed that there is a core staffing team at Ashley Grove who have worked there for a period of time. Confirmation was received that new members of the team are given a thorough induction so that they were familiar with the needs of the service users. Through discussions with the relatives and staff, as well as the UCO's observations, it was evident that staff are knowledgeable as to the types of activities each service user likes to do and the level of support required to ensure their safety.

The induction programme for staff was viewed, which includes a detailed induction procedure and support mechanisms in place for them over a six month period that included a 'buddy' system. Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff. The staff interviewed confirmed that their induction had prepared them for their role.

Records of training indicated that staffs attend a range of training necessary to meet the needs of service users. Autism Initiatives NI has a system of requiring staff to complete annual competency assessments subsequent to key training events to ensure that learning objectives have been met, and to identify future learning needs.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. Records viewed by the inspector indicated that staffs are provided with supervision and appraisal in accordance with the agency's policies and procedures.

The inspector noted that arrangements are in place to ensure that staffs are registered as appropriate with the relevant regulatory body. The records confirmed all staff are registered with The Northern Ireland Social Care Council (NISCC). The registered manager discussed the system in place to identify when staff are due to renew registration.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Protection' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The details of the agency's Adult Safeguarding champion with key responsibilities are detailed in their procedure.

The agency's whistleblowing policy and procedure was found to be satisfactory. The staff interviewed had a clear understanding of their roles and responsibility to identify and report actual or suspected abuse. They also described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing. Staff surveys indicated that they were 'very satisfied' that service users are safe and protected from harm.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's risk management policy outlines the procedure for assessing and reviewing risk; records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users. Service users are supported to participate in regular reviews involving their HSC Trust keyworker and that care and support plans are reviewed at agreed intervals or as required.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: Recruitment, induction, training, supervision and appraisal; adult safeguarding and management of risks.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
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Total number of areas for improvement	0	0
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6.5 Is care effective?

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

The care and support plan reviewed by the inspector had a strong person centred focus, was up to date, and clearly detailed the service users' needs and how they wished these to be met. The registered manager described how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care and support plans. The inspector viewed service user care records where staff recorded the care and support provided and that the views and choices of service users are reflected.

The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing complex situations involving the well-being and safety of service users.

The UCO was informed by the relatives interviewed that there is adequate staffing levels to provide the necessary care to the service users and support them with their activities. The service users have lived together in Ashley Grove for a number of years and it was clear from observed interactions that the staff and service users have developed a good relationship with each other and have open communication.

New staff completes a thorough induction period to enable them to become familiar with the service users and their individual needs. The UCO was informed that supervisions and appraisals are taking place and staff felt well supported by the registered manager.

It was clear from discussions and through observations that the carers have good knowledge of the service users' needs and preferences. The UCO also noted that staff had a good understanding of the service users' communication; both in terms of their verbal and non-verbal communication such as hand gestures. No concerns were noted by the UCO during the observed interactions between service users and staff.

Confirmation was received that annual reviews are taking place with input from Autism Initiatives and the families to discuss the service users' care needs. The UCO was also informed that there is good communication between the staff and relatives. Examples of some of the comments made by the relatives interviewed are listed below:

- "The two girls fitted in well together."
- "The house is run well. They're well looked after."
- "XXX's quality of life has greatly improved since moving here."
- "The staff are absolutely fabulous."

Team meetings are facilitated; the inspector viewed minutes of meetings that indicated a range of topics and matters were discussed and updated information was provided.

The agency's data retention policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records were maintained in accordance with

legislation, standards and the organisational policy. On the day of inspection the staff personnel and service users' records were retained securely and in an organised manner. Staff records indicated that they had received training relating to record keeping, confidentiality and data protection. Staff surveys indicated that they were 'satisfied' that care and support delivered to service users was effective.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders and the monitoring of the quality of the services provided.

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 care compassionate?

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

Comments made by service users and where appropriate their representatives were detailed throughout a range of the agency's documentation. 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, six monthly care review meetings involving HSC Trust keyworkers, stakeholder and service user satisfaction surveys and tenant meetings.

As part of the visit, the UCO had a tour of the premises. The agency has recently refurbished the garden including a sensory room for the use of the service users. Inside the house the service users have use of three living spaces as well as their own bedrooms. One bedroom had little personalisation, however staff advised that this is due to the needs of the service user. The UCO discussed with the staff some possible ways that they could suggest to make the living spaces feel more homely.

Service users are given choice regarding activities and meals, and the staffs on duty were knowledgeable as to the type of activities they like to do and the support required. Service users are involved in the decisions as much as possible.

There were discussions with the UCO about the service users' experiences of living at Ashley Grove and the type of activities that they like to do with the support of the staff:

- Music
- Beauty treatments such as nail painting, foot spas and going to the hairdressers
- Swimming
- Cinema
- Day care
- Meals out or coffee shops

- Shopping
- Magazines
- Going for drives

Examples of some of the comments made by the relatives interviewed are listed below:

- “The carers are excellent with the girls.”
- “XXX has a good time living there. Happy to come back.”
- “The staff go way above our expectations.”
- “Always thinking about new things that the girls would like. The work in the garden has been a great success.”

Compliments reviewed during inspection provided the following example in support of compassionate care:

- “Compliments to the staff team for doing a brilliant job. We are very happy with the service and how staff support xxx. The Christmas lights look lovely in the house and sensory garden, it looks beautiful.” (Verbal compliment from family of a service user during recent review meeting).

Staff interviewed confirmed they have been provided with training and information in relation to human rights and confidentiality. The agency has provided service users with information relating to human rights, advocacy and adult safeguarding.

Staff surveys indicated that they were ‘satisfied’ that all service users were treated with compassion. One survey included the comment, the Dunmurry service is a homely and welcoming environment and a joy to work in, I enjoy seeing the service users develop and progress and working with a great staff team.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement 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

6.7 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.

The agency's Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The agency's premises are suitable for the operation of the agency as described in the Statement of Purpose. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

Monthly monitoring reports were viewed for October to December 2017. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by a manager who have a good working knowledge of the service. Each report contained a summary of service user and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The record includes details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation, finance and training.

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. The staff confirmed to the inspector that they have free access to the organisation's policies and procedures, with a system in place to indicate they have read them.

The agency's complaints procedure viewed was found to be in line with regulations and standards. The registered manager confirmed that the agency has not received any complaints in the past year. The staff training records viewed confirmed all staff had received update training on handling complaints in December 2017. Staff members interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

A review of incident report documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures.

The inspector examined the annual report of service user/representatives/staff/other professionals satisfaction completed for 2017. This report reflected a high level of satisfaction regarding the care and support provided and the manner in which staff treats service users along with an action plan. This report was confirmed as appropriately detailed and had been shared with service users/relatives/staff and the HSC Trust in December 2017.

Staff surveys indicated that they were 'satisfied' the service was well managed. One survey included the comment, 'The Dunmurry service is a pleasure to work in, great team who care about the service users.'

Areas of good practice

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

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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