



The **Regulation** and
Quality Improvement
Authority

Rathgill Link
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Balloo
Bangor
BT19 7TT

Inspector: Jim McBride
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**Announced Care Inspection
of
Rathgill Link**

13 April 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced care inspection took place on 13 April 2015 from 11:30 to 16:30. Overall on the day of the inspection the agency was found to be delivering safe and compassionate care, however the inspector found care to be less than effective in relation to the quality monitoring. Areas for improvement were identified and are set out in the 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

One recommendation was issued during the previous inspection of the 14 April 2014.

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	3	0

The details of the QIP within this report were discussed with the senior support worker as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Andrew Grainger	Registered Manager: Mrs Danielle Saunderson
Person in Charge of the agency at the Time of Inspection: Senior support worker	Date Registered: 29 May 2013
Number of service users in receipt of a service on the day of Inspection: 3	

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:

Themes:

Theme 1 - Staffing arrangements

Theme 2 - Service User Involvement

4. Methods/Process

- Specific methods/processes used in this inspection include the following:
- Discussion with the Senior support worker
- Examination of records
- Consultation with stakeholders/Staff/Relatives
- File audit
- Evaluation and feedback
- During the inspection the inspector met and observed two service users and spoke with two care staff. The inspector spoke with one HSC professional following the inspection. The inspector had the opportunity to meet with two service users' relatives and has added their comments to this report.
- Prior to inspection the following records were analysed:
- Previous inspection report and quality improvement plan
- Incidents

The following records were examined during the inspection:

- Three care and support plans
- HSC Trust assessment of needs and risk assessments
- Care reviews, other methods of recording/evaluation
- Monthly monitoring reports for, January 2015, February 2015, and March 2015.
- House meetings for January 2015, March 2015, and April 2015.
- Minutes of staff meetings for October 2014, December 2014, and March 2015.
- Staff training records examined
- *Vulnerable adults*
- *Human rights*

- *Challenging behaviour*
- *Whistleblowing*
- *Medication competency assessments*
- Complaints records
- Recruitment policy/ process reviewed by Autism initiatives in April 2015
- Pre-employment check list that included the following:
 - *Job descriptions*
 - *Terms and conditions*
 - Staff register/ information
 - Agency's rota information

Three staff questionnaires were completed by staff during the inspection. One was returned post inspection these indicated the following:

- Staff stated that the agency's induction process prepared them for their role.
- The induction process was rated as good or excellent.
- Staff stated that they had received human rights training specific to the service users that they provide care and support to.
- Staff stated that the whistleblowing policy was accessible to them.
- Staff stated: that service users views and experiences are taken into consideration within the service.
- Staff rated the agency's service user involvement process as good.
- Staff stated that tenants meetings are in place.

One individual who completed a questionnaire provided feedback on their experience of working shift patterns in homes of service users. This was discussed by the inspector with the registered manager prior to this report being issued.

The Inspection

Rathgill Link is a supported living type domiciliary care agency provided by Autism Initiatives. Service users' accommodation consists of separate bedrooms and access to a range of living rooms, bathrooms, a kitchen and outdoor areas. The agency's registered office is at the rear of one house which is rented by service users. Agency staff provide a service within the homes of service users 24 hours per day. The service is under the direction of Ms Danielle Saunderson the registered manager. At the time of inspection there were three individuals receiving a service from 16 staff.

During the inspection the inspector meet with two relatives who stated that they feel the communication between them and the staff could be improved. The inspector discussed this with the senior support worker during the inspection and the registered manager following the inspection. The inspector has issued one requirement in relation to the concerns raised.

4.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of Rathgill Link was an announced care inspection dated 14 April 2014. The completed QIP was returned and approved by the inspector.

4.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 1.1	The agency should ensure that the human rights of all service users are explicitly outlined in care records.	Fully Met
	Action taken as confirmed during the inspection: The agency has updated individual care plans to explicitly outline the human rights of each service user to the care received and the records of this care.	

4.3 Theme 1: Staffing arrangements

Is Care Safe?

The agency has in place a recruitment policy; this was updated in April 2015 by Autism Initiatives.

The senior support worker confirmed that there is a mechanism in place to ensure appropriate pre-employment checks are completed and satisfactory. Records maintained by the agency were examined by the inspector. The agency maintains an alphabetical index of all domiciliary care workers supplied or available for supply to work in the homes of service users.

The agency has a structured induction programme lasting at least three days. This was confirmed by the staff interviewed. The agency maintains a record of staff induction provided to staff that includes details of the information provided during the induction period.

The agency provides all staff with a handbook. The agency has a procedure in place for induction of staff that includes short notice/ emergency arrangements. The agency has in place a procedure for verifying the identity of all staff prior to their supply. The agency has in place a policy and procedure for staff supervision and appraisal, which detail the frequency of both. The agency maintains a record of all staff supervision and appraisal. The agency was able to demonstrate that supervision and appraisal is provided in accordance with their policy and procedure.

Staff comments:

"I had a comprehensive induction".

Relatives' comments:

"Very good staff".

HSC Trust Comments:

"Staff respond well to the needs of the service users"

Overall on the day of the inspection the inspector found care to be safe.

Areas for Improvement

N/A.

Is Care Effective?

Following discussions with the senior support worker the inspector was provided with assurances, that there is at all times an appropriate number of suitably skilled and experienced persons providing care to service users. Examination of available records reflected staffing numbers outlined by the senior support worker. The inspector examined the staff rota for the forthcoming days and staff were allocated shifts as required.

The senior support worker described to the inspector the arrangements in place to assess the suitability of staff. The agency provides staff with a clear outline of their roles and responsibilities.

Records available show that agency staff receive induction prior to providing care/support to service users. This was confirmed by the staff interviewed by the inspector. The agency has a process for evaluating the effectiveness of staff induction, this includes competency assessments.

Staff described to the inspector how they are given the opportunity to identify their individual training needs. Agency staff interviewed confirmed that have have in place personal development plans.

Training records examined show that staff that provide supervision have had the necessary skills/ training required. Agency staff receive supervision/annual appraisal in accordance with the agency's policy.

Three staff questionnaires were received during the inspection; and one following inspection. The inspector also spoke to five members of staff on duty during the inspection and has added their comments to this report.

All four staff on their questionnaires indicated that they have attended training on the protection of vulnerable adults. The most recent training was completed on the 6 November 2014.

Staff comments:

“Training is flexible and is encouraged by the agency”.

HSC Trust comments:

“Good service”

“Good communication with staff”.

Relatives' comments:

“Great care and support”.

Overall on the day of the inspection the inspector found care to be effective.

Areas for Improvement

N/A

Is Care Compassionate?

The agency maintains a record of any comments made by service users/ representatives in relation to staffing arrangements, evidence of this was seen in the minutes of house meetings. The senior support worker was able to demonstrate that staff discussed with service users any significant staff changes. It was acknowledged that this can be a challenge for the staff as the service users have communication difficulties and are dependent on staff to assess moods and level of understanding. However the records of house meetings and individual “About me and my support” documents showed clear evidence of what’s going well, how service users know the staff on shifts as well as activities and community outreach that is supported by staff and relatives.

The senior support worker stated that staff are not supplied to work with service users without an appropriate induction.

Records examined by the inspector show that staff receive induction training specific to the needs of individual service users. This was confirmed by the staff interviewed.

Agency staff could demonstrate that they have the knowledge and skills to carry out their roles and responsibilities.

The induction process takes into account the consent, privacy and dignity of service users. The needs of individual service users are clearly identified within the induction process.

Staff receive ongoing supervision and assessment of competency to fulfil the requirements of their job role.

Staff comments:

"I had a comprehensive induction"
 "Training is excellent".

Relatives' comments:

"Care and support is good".

HSC Trust Comments:

"I have good communication with staff"

Overall on the day of the inspection the inspector found care to be compassionate.

Areas for Improvement

N/A

Number of Requirements	0	Number of Recommendations:	0
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Theme: 2 Service User Involvement:**Is Care Safe?**

Assessments of need and risk assessments examined by the inspector reflect the views of service users and their representatives. Assessments of need and risk assessments are reflected in care and support plans. There is evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust.

The agency staff interviewed showed an understanding of how to balance human rights with safety in service delivery. The views of service users and their representatives are considered in the assessment and implementation of care practices.

Staff comments:

"Tenants are given choice in everything".

HSC Trust comments:

"I attend all reviews".

Relatives' comments:

"Good service".

Areas for Improvement

N/A.

Overall on the day of the inspection the inspector found the care/support to be safe.

Is Care Effective?

Care plan records showed that care is regularly evaluated and reviewed by the agency staff. The agency staff review care and support plans monthly or as required. Care and support plans seen by the inspector were written in a person centred manner and included the service users' views. Staff described how care and support plans are written along with the service user.

The agency has a monitoring system in place to ascertain and respond to the views of service users and/or their representatives.

However, the monitoring system requires further action and two requirements have been made.

The agency's human rights information examined, shows evidence that service users are provided with information relating to their human rights in a suitable format.

The service provided to service users maximises their choice, independence and control over their lives. Service users and their representatives are made aware of representation and advocacy services.

Overall on the day of the inspection the inspector found the registered person's system for quality monitoring to be less than effective.

Areas for Improvement

It is required that quality monitoring completed on behalf of the registered person takes into account the views of the service users and their representatives.

Is Care Compassionate?

Through examination of three service users' care and support plans, the inspector found that service delivery has a person centred ethos.

Agency staff who participated in the inspection recognise and implement the values of respect, choice, dignity and independence daily to service users. Staff stated that service users can make choices regarding their daily routines and activities, within the resources available to them.

Explicit consideration of human rights was evident in the care and support plans examined by the inspector. Consideration of human rights includes the involvement of service users and/or their representatives. Service users, HSC Trust staff and agency staff spoken to described to the inspector how service users' views have been taken into account and shape service provision.

Overall on the day of the inspection the inspector found care/support to be compassionate.

Areas for Improvement

Number of Requirements	3	Number of Recommendations:	0
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Regulation 23 (1) (5)

The inspector has issued two requirements in relation to the quality monitoring visits. The inspector issued an urgent action notice to the registered manager during the inspection requiring immediate action to be taken.

Regulation 23 (2) (3)

The inspector has written to the registered provider to request the submission of the monitoring reports to RQIA until further notice.

Regulation 15 (5) (a) (b) & (c)

Through discussions with relatives during the inspection they suggested that the communication between them and the agency needed improvement in relation to their views. The inspector discussed this with the senior support worker during the inspection and the registered manager following the inspection. The inspector has issued one requirement in relation to the concerns raised.

5. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the senior support worker as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to supportedliving.servies@rqia.org.uk and assessed by the inspector.

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 agency. 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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 23 (1) (5) **Stated: First time To be Completed by: Immediately from the date of inspection In accordance with correspondence forwarded to the registered person on the 17 April 2015**

The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.

(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.

This requirement relates to the registered person ensuring that the monthly quality monitoring record includes the views of service users' relatives and where appropriate, relevant professionals.

Response by Registered Manager Detailing the Actions Taken:

Monthly Quality Monitoring is carried out consistently and this now clearly includes our record of the views of service users relatives and relevant professionals. The registered manager will ensure that evidence of all attempts to gain the views of both service users relatives and relevant professionals is documented on quality monitoring reports.

Requirement 2

Ref: Regulation 23 (2) (3) **Stated: First time To be Completed by: Immediately from the date of inspection in accordance In accordance with correspondence forwarded to the registered person on the 17 April 2015**

(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph

(1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—

(a)arranges the provision of good quality services for service users;

(b)takes the views of service users and their representatives into account in deciding—

(i)what services to offer to them, and

(ii)the manner in which such services are to be provided; and

(c)has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.

(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.

	<p>This requirement relates to the monthly quality monitoring reports that must be forwarded to the RQIA until further notice</p> <p>Response by Registered Manager Detailing the Actions Taken: From April 2015 Monthly Quality Monitoring reports for this service shall be supplied to the Regulation And Improvement Authority on a monthly basis until further notice.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 15 (5) (a) (b) (c) Stated: First time To be Completed by: 13 June 2015</p>	<p>(5) the registered person shall, for the purpose of providing prescribed services to service users, so far as is practicable (a) ascertain and take into account the service user's, and where appropriate their carer's, wishes and feelings;</p> <p>(b) provide the service user, and where appropriate their carer, with comprehensive information and suitable choices as to the prescribed services that may be provided to them; and</p> <p>(c) encourage and enable the service user, and where appropriate their carer, to make informed decisions with respect to such prescribed services.</p> <p>This requirement relates to the communication with relatives as discussed by the inspector with relatives and staff during the inspection.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p> <p>Since the Inspection on 13th April 2015 Annual reviews for two service users have taken place, Communication was discussed as part of the annual reviews, clarity was sought from service users relatives about communication regarding health appointments and expectations of being informed have been documented. The Registered Manager confirmed the role of key workers in relation to communication to the service users relatives who were in agreement with the process. The Registered Manager will continue to maintain contact records for all communication between the staff and the service users relatives; these records can be accessed at any time. The Registered Manager will continue to seek the views of the service users relatives on a regular basis to ensure that any suggested improvements on communication can be made.</p>		
Registered Manager Completing QIP	Danielle Saunderson	Date Completed	20.5.15
Registered Person Approving QIP	Andrew Grainger	Date Approved	20.5.15
RQIA Inspector Assessing Response	Jim Mc Bride	Date Approved	24/6/15

Please complete in full and returned to RQIA from the authorised email address