

Announced Care Inspection Report 5 September 2017



Glen Road Supported Living

Type of service: Domiciliary Care Agency
Address: 43 Glen Road, Belfast BT11 8BB
Tel no: 02890431253
Inspector: Michele Kelly

www.rqia.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

Glen Road Supported Living is a domiciliary care agency (supported living type) which provides a range of personal care services to people living in their own homes. Service users have a range of needs including learning disability issues and require support to live as independently as possible.

3.0 Service details

Registered organisation/registered person: Autism Initiatives NI/Andrew Grainger (Acting)	Registered manager: Clare Susan Hall
Person in charge of the service at the time of inspection: Clare Susan Hall	Date manager registered: 24 August 2015

4.0 Inspection summary

An announced inspection took place on 5 September 2017 from 10:30 to 15.00 hours.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to:

- The attitude and empathy demonstrated by staff interviewed on the day of inspection.
- The standard of monthly monitoring reports.

Areas requiring improvement were identified:

- Medication cabinet should always be locked and keys should be in the possession of the person in charge.
- Gaps in supervision and appraisal should be addressed.
- Stakeholder views should be included in the annual 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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Clare Hall, registered manager position, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 19 January 2017

No further actions were required to be taken following the most recent inspection on 19 January 2017.

5.0 How we inspect

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

- Discussion with the care worker and the area manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback.

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

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection.

During the inspection the inspector met with one service user, one relative and two staff members.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Staff rota information
- Whistleblowing Policy
- Recruitment Policy
- Induction Policy
- Supervision Policy
- Adult Protection Policy
- Complaints Policy
- Compliment records
- Statement of Purpose
- Service User Guide

Questionnaires were provided by the inspector for completion during the inspection by staff and service users; four staff questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 January 2017

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

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

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed the agency's processes in place to avoid and prevent harm to service users this included a review of staffing arrangements in place within the agency.

The agency's staff recruitment process is managed by the organisation's human resource department. An inspector visited the HR department on 29 November 2016 prior to the previous care inspection and examined a number of individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The inspector spoke to a member of HR administrative staff on the telephone who confirmed that there are robust recruitment systems in place to ensure that staff are not supplied to work with service users until required checks have been satisfactorily completed. Emails viewed by the inspector demonstrated that the registered manager has oversight of the recruitment process.

The agency's has an induction programme lasting in excess of the three day timeframe as required within the regulations; the inspector noted from records viewed and discussions with staff that the organisation has a structured comprehensive induction plan. Staff who spoke to the inspector confirmed that they are required to complete the full induction programme and one staff member commented;

"Induction and shadowing definitely helped"

A record of the induction programme provided to staff is retained by the agency; three records viewed by the inspector detailed the information provided during the induction period.

Staff who spoke to the inspector demonstrated that they had the appropriate knowledge and skills to fulfil the requirements of their individual job roles. It was noted that a senior staff member is required to sign the induction record to confirm that staff have been assessed as competent.

Discussions with the manager and 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 service users. A relative indicated that staff changes were an issue some months ago but that staffing currently was more stable.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. Staff who spoke to the inspector could describe the benefits of individual supervision and appraisal. The inspector viewed three individual staff records and noted that a record of staff supervision and appraisal is maintained by the agency; however records indicated that there are gaps in supervision and appraisal for some staff members.

The inspector viewed the agency's staff training matrix and noted that the record showed that staff had completed relevant mandatory training or were scheduled to attend sessions in the coming weeks. Staff stated that they felt that their training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The staff could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation has recently updated their policy and procedures to reflect information contained within the policy. The agency has identified an Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key areas of responsibility.

Discussions with staff demonstrated that they had a clear understanding of adult safeguarding issues and the process for reporting concerns. Staff also had knowledge of the agency's whistleblowing policy. It was identified from training records viewed that staff are required to complete adult safeguarding training during their induction programme and in addition complete an annual update. Training records viewed by the inspector indicated that staff had received training in relation to adult safeguarding.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. It was noted that service users and or their relatives are supported to participate in an annual review involving the HSCT keyworker if appropriate and that care and support plans are reviewed annually or as required. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that governance arrangements include an audit of risk assessments and any practices deemed to be restrictive. The inspector viewed documentation in respect of a notifiable event referral made to the HSC Trust and RQIA. The registered manager discussed this serious incident and the impact this had on staff and services users. It was explained that the organisation had provided support and guidance to all concerned and was organising extra training at the request of staff.

The inspector observed that the medicines prescribed for services users are stored in a suitable cabinet within the office/sleepover room which is located within the home of several service users. The inspector noted during the inspection that the key for this cabinet was left in the lock; the inspector informed the manager who immediately removed them into safekeeping.

The manager explained this was an oversight and that keys are not normally left in the cabinet when staff are not dispensing medicines.

Four staff questionnaires were returned to RQIA; responses received indicated that staff who returned questionnaires were satisfied that care provided is safe.

Areas of good practice

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

Areas for improvement

Areas for improvement were identified during the inspection in relation to supervision and appraisal and the safe storage of medications.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

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

The agency’s arrangements for appropriately responding to and meeting the assessed 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 agency’s record keeping and record management policy outlines the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. The inspector noted that staff had received training relating to record keeping and confidentiality.

The review of three service user care files identified there was robust assessment information in place. Current person-centred care plans are detailed and specific, outlining service users’ individual methods of communication and interpretation of behaviours. Care records were updated regularly to reflect changing needs. Service user representatives were encouraged and enabled to be involved in the assessment, care planning and review process. The care records reflected multi-professional input into the service users’ health and social care needs at annual review and restrictive practice review. Staff could describe a range of ways in which the agency seeks to maintain effective working relationships with the HSCT representatives and other stakeholders.

Discussions with staff and records viewed 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 experienced senior staff from head office and a detailed action plan is developed.

Records of quality monitoring visits viewed provide evidence of a robust system; they include comments made by service users and /or their representatives.

The records include details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation and financial management arrangements.

A service user who was at home on the day of inspection was unable to communicate their satisfaction levels with the care provided. A representative who visited the service and met with the inspector stressed how staff provided good care in a very specific individual manner.

Staff stated that there was good teamwork and those who were interviewed or observed during the inspection clearly demonstrated the empathy, knowledge, skill and experience necessary to fulfil their roles and responsibilities. Staff also confirmed that if they had any concerns, they would raise these with senior staff if necessary.

Four staff questionnaires were returned to RQIA; responses received indicated that staff who returned questionnaires were satisfied that care provided is effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monthly monitoring reports.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

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

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and equality and to involve service users and their relatives in decisions affecting their care and support.

Observations made during the inspection and discussions with a relative and agency staff 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 enable them to live a more fulfilling life.

Staff and service users indicated that the care and support is provided in a person centred manner. A relative confirmed that staff involved them in discussions relating to their care and support. Staff described how they have made efforts to develop knowledge of each service user's individual needs and wishes

Records of service user and care review meetings viewed during the inspection, and reports relating to the agency's quality monitoring visits provided following the inspection were noted to contain comments made by relatives and where appropriate relevant stakeholders.

The inspector viewed a range of documentation that indicated that the agency has systems to record comments made by service users and/or their representatives. Systems for effectively obtaining the comments and views of service users or their representatives are maintained through the agency’s complaints process; quality monitoring visits and care review meetings.

The relative who spoke to the inspector described how staff had organised suitable transport and accompanied a service user on a trip to the coast; he discussed how happy the family were, saying that it was,

“Just like any young fellow getting into the car with his mates”

A staff member who described the same event commented;

“We are a collaborative team and we are always looking for new ways to support”

Four staff questionnaires were returned to RQIA; responses received indicated that staff who returned questionnaires were satisfied that care provided is compassionate.

Areas of good practice

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

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 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 inspector reviewed management and governance systems in place within the agency to meet the needs of service users; it was identified that the agency has implemented systems of management and governance. The agency is managed on a day to day basis by the registered manager and senior carers; staff could describe the process for obtaining support and guidance from a senior manager within the organisation at any time. A staff member commented,

“We have a good management structure, it is open and transparent; I am very proud to be part of the team”

The agency has a range of policies and procedures noted to be reviewed in accordance with timescales outlined within the minimum standards; the person in charge stated that they are retained in a paper and electronic format.

The agency has a process in place for reviewing information with the aim of improving safety and quality of life for service users.

It was noted from records viewed and discussions with the person in charge that the agency's governance arrangements promote the identification and management of risk; these include provision of relevant policies and procedures, regular audit of staffing arrangements, complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure for managing complaints. Discussions with the person in charge and staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received; a relative could describe the process for making a complaint. Discussions with the person in charge and records viewed during the inspection indicated that the agency had received two complaints since the previous inspection; these had been appropriately investigated. The inspector noted that one matter continues to be reviewed.

The inspector viewed information that indicated that the agency has in place management and governance systems to monitor and improve quality; these include arrangements for monitoring incidents, accidents and complaints. During the inspection process the inspector viewed evidence of appropriate training for staff. As discussed in section 6.3 as an area for improvement, gaps in staff supervision and appraisal should be addressed.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with relevant stakeholders, including HSCT representatives. The inspector viewed the annual service users'/representatives evaluation survey which did not reflect the views of commissioners or staff; this has been identified as an area for improvement.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff had an understanding of the responsibilities of their job roles; they indicated that both the manager and senior staff are supportive and approachable.

The person in charge stated that all staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate; it was noted that a record is maintained by the agency's administrator which includes copies of staff registration certificates and expiry dates. Discussions with the agency's administrator and the person in charge provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated to reflect the agency's role in supporting another service user in a separate property in North Belfast.

Four staff questionnaires were returned to RQIA; responses received indicated that staff who returned questionnaires were satisfied that care provided is "well led".

Areas of good practice

As discussed in section 6.4. There were examples of good practice found throughout the inspection in relation to monthly monitoring reports

Areas for improvement

One area for improvement has been identified in relation to ensuring all stakeholder views are included in this annual survey.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Clare Hall, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 15 (7) Stated: First time To be completed by: Immediate and ongoing	The registered person shall make arrangements for the safe-keeping of medicines used in the course of the provision of prescribed services to service users. Ref: 6.3 Response by registered person detailing the actions taken: The outcome detailing findings of inspection has been circulated to all staff. The safe keeping of medicines discussed and reiterated in team meetings and communicated via daily communication book. The yellow key holder (shift leader) shall hold the medication keys at all times handing these over to the next most senior member of staff if shift leader is leaving the service and medication keys shall be kept under visual observation and never left in medication cabinet unattended.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 8.11 Stated: First time To be completed by: 5 May 2018	The registered person is recommended to expand their annual quality review process to include staff and service commissioners' views Ref: 6.6 Response by registered person detailing the actions taken: Future annual quality review processes will now encompass staff and service commissioners views.
Area for improvement 2 Ref: Standard 13 Stated: First/ time To be completed by: 5 December 2017	The registered person shall ensure that staff are supervised and their performance appraised to promote the delivery of quality care and services. Ref: 6.3 Response by registered person detailing the actions taken: Senior staff trained in the area of performance management in order to under take this role and to ensure all supervisions and appraisals are completed.

Please ensure this document is completed in full and returned via Web Portal



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