



Announced Care Inspection Report 10 October 2018



Alan Close

Domiciliary Care Agency
12 Alan Close, Newcastle BT33 0TA
Tel no: 028 4372 6022
Inspectors: Caroline Rix and Marie McCann
User Consultation Officer: Clair McConnell

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

Alan Close is a supported living type domiciliary care agency which provides personal care and housing support to four adults with Autistic Spectrum Conditions and/or learning disability. The services provided by Autism Initiatives are commissioned by the South Eastern Health and Social Care Trust and the Belfast Health and Social Care Trust (HSC Trust). The service users rent their accommodation from Triangle Housing Association.

Under the direction of a manager, a team leader, senior support staff and a team of support workers provide a range of care and support to each service user. The entire agency staffs are registered social care workers with NISCC.

3.0 Service details

Registered organisation/registered person: Autism Initiatives NI/Dr Eamonn Slevin	Registered manager: Dolores Curran (acting)
Person in charge of the service at the time of inspection: Dolores Curran (acting)	Date manager registered: 23/01/2018

4.0 Inspection summary

An announced inspection took place on 10 October 2018 from 09.45 to 14.30 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 staff and other key stakeholders.

Service users spoken with by the User Consultation Officer (UCO), provided feedback regarding the service provided by Alan Close 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. The inspector would like to thank the service users and staff for their warm welcome and full cooperation throughout the inspection process.

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 the manager Delores Curran and the team leader, 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 22 January 2018

No further actions were required to be taken following the most recent inspection on 22 January 2018.

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 2017/2018
- All communications with the agency by RQIA.

The inspector spoke with the acting manager, a team leader, a senior support worker and two support workers to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Their feedback is contained within the body of this report.

The inspector requested that the manager place a 'Have we missed you'" card in a prominent position in the agency to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received.

The manager was asked to provide each service user with an RQIA survey/stamped addressed envelope asking for their views on the services they receive, four responses were returned to the inspector and feedback is included within the body of this report.

The manager was also asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. Five staff responses were received and their feedback is included within the body of this report.

As part of the inspection the User Consultation Officer (UCO) spoke with one service user and four members of staff to obtain their view of the service. The UCO also observed interactions between the service users and staff.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Three staff recruitment records
- Three staff induction records
- Four staff supervision records
- One staff appraisal record
- Four staff training records
- Staff training plan
- Staff meeting minutes
- Staff NISCC registration and renewal of registration processes

- Statement of purpose
- Service user guide
- Two service users' records regarding support plans, reviews and quality monitoring
- Three monthly monitoring reports.
- Annual quality review report for 2017
- Communication records with other professionals
- Notification and incident records
- Complaints log
- Compliments log

The findings of the inspection were provided to the acting manager and the team leader at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 January 2018

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

6.2 Review of areas for improvement from the last care inspection dated 22 January 2018

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's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The organisation has a central human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks. Records viewed and discussions with the manager indicated that all pre-employment information has been satisfactorily completed and verified in line with regulations and standards.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records confirmed that all staff are registered with The Northern Ireland Social Care Council (NISCC) or have applied to be registered in the

case of newly appointed staff. The manager discussed the system in place to identify when staffs are due to renew registration with NISCC.

The induction programme for new staff was viewed, which includes a detailed induction procedure and support mechanisms in place which is compliant with Regulation 16(5) (a). Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff over a six month period that included a shadowing system. The manager had signed all records to confirm that staff members had been deemed competent at the end of their probationary period.

The inspector noted the staff team is currently stable and staffing arrangements enable the agency to provide familiar staff to service users who require staff continuity.

The UCO was informed by the staff spoken with that there is a core staffing team who have worked in the service for a significant period of time; agency staff is not used. Confirmation was received that new staff spend a period of time doing an induction and shadowing experienced staff so that they become familiar with the service users and their needs.

Through discussions with staff, as well as the UCO's observations, it was evident that the staff on duty was very knowledgeable regarding each service user and the support required to ensure their safety. The staff also confirmed that they have completed safeguarding and whistleblowing training; and felt able to raise any concerns with management.

All of the service users have been allocated a key worker; the service user spoken with confirmed that they could raise concerns with staff or management.

The inspector reviewed the agency's training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training. Records of training and staff feedback indicated that staff attend a range of training necessary to meet the individual needs of service users. The organisation has a system of requiring staff to complete annual update training in key subject areas. The organisation has a learning and development team to assist managers 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. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures. Staff described the value of the various supervision meetings with the manager and senior staff as 'very helpful for keeping me up to date and an opportunity for discussing private matters'. Staff confirmed senior staffs are approachable at any time for support and guidance.

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 agency has identified their Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

The manager demonstrated a clear understanding of safeguarding issues; and could describe the procedure to be followed which is in accordance with the agency's procedure. No safeguarding reports had been received in the past year. The inspector noted that the safeguarding procedures are also available in an easy read version and provided to each service user.

The agency’s whistleblowing policy and procedure was found to be satisfactory and staff demonstrated a clear understanding of their role and responsibilities in relation to raising concerns or reporting poor practice/whistleblowing.

The inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust.

Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users.

The returned questionnaires from service users indicated that they were ‘satisfied’ or ‘very satisfied’ and safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns.

One survey included the comment; ‘I would like to say the house is great, a permanent night duty instead of staff taking turns would be better.’

The returned questionnaires from staff member indicated that they were ‘satisfied’ or ‘very satisfied’ that the care was safe.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, induction, training, adult safeguarding and management of risks.

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 effective?

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

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The care and support plans reviewed by the inspector had a strong person centred focus, were up to date, and clearly detailed the service users’ needs and how they wished these to be met.

Service users are supported to participate in regular reviews involving their HSC Trust keyworker. The team leader 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 which are reviewed at agreed intervals or as required. The inspector viewed service user files that contained records of the care and support provided and which evidenced the views and choices of service users.

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 advised that there is a core team of staff who have worked at Alan Close for a period of time and it was clear from discussions and observations that the staff on duty had an excellent knowledge of the service users' needs. No concerns were raised regarding staffing levels in place to meet the needs of the service users.

The staff spoken with confirmed that new support workers complete an induction and a period of shadowing. There is also a 'buddy' system in place so that new members of staff can receive support from a more experienced support worker. Confirmation was also received that supervisions, appraisals and monthly monitoring visits are all being carried out by management.

The service users have lived at Alan Close 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. All service users have an allocated key worker who they meet with regularly to discuss activities that they would like to do or any concerns. The service user spoken with confirmed that they felt that they could raise any concerns with staff or management.

Examples of some of the comments made by the staff are listed below:

- "Good support from management if we need it."
- "The buddy system is a great idea."
- "We (the staff) get on well together."

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. Tenants meetings minutes were reviewed during inspection and areas of discussion included:

- events planning
- dignity and privacy to each other
- maintenance matters
- staffing updates.

The returned questionnaires from service users indicated that they were 'satisfied' or 'very satisfied' and effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations.

One survey included the comment; 'I am looking forward to new windows and doors.'

Staff commented during inspection:

- "I find it takes time to learn about each service user's particular needs, and it is very rewarding to be part of their lives. The training is very good, the e-learning is flexible."

The returned questionnaire from a staff member indicated that they were 'very satisfied' that the care 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.

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Service users are given choice regarding activities and support with meal planning, and the staff were knowledgeable as to the type of activities they like to do and the support required. For example, service users were supported and encouraged to consider healthy meals of their choice, and the social activities they engaged in were very person-centred.

There were discussions with the UCO about the service users' experiences of living at Alan Close and the type of activities that they do with the support of the staff. Service users are involved in the decisions as much as possible.

Below are a number of activities that the service users have carried out whilst living at Alan Close:

- Day care
- Cinema
- Day trips
- Holidays for example Londonderry, Portrush and Disneyland Paris
- Birthday parties
- Bingo
- Baking
- Arts and crafts
- Swimming
- Cycling
- Drives or walks

- Pantomimes
- Squash
- Gym
- Shopping

Examples of some of the comments made by the staff spoken with are listed below:

- “I know what XXX likes to do so I can make suggestions.”
- “It’s more like a big family. We all get on well together.”
- “There’s been a great improvement with XXX since we’ve started exercising more.”

The inspector viewed evidence of effective communication with service users and their representatives, including a complaints process, quality monitoring reports, and regular support plan reviews between keyworker and service users.

Compliments from service users, representatives and other professionals reviewed during inspection provided the following examples in support of compassionate care:

- ‘I am very happy with all support and I can go on holiday with no concerns.’ (Verbal feedback from relative of a service user).
- ‘I am very happy with the support provided to xxx, it was a very positive idea for xxx to apply for a mobility car.’(Verbal feedback from the relative of a service user).

The returned questionnaires from service users indicated that they were ‘satisfied’ or ‘very satisfied’ and compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

The returned questionnaires from staff members indicated that they were ‘very satisfied’ that the care was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing service users and their representatives.

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 inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by the organisation have been implemented at the agency.

The agency's Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. The day to day operation of the agency is overseen by an acting manager, with the registered manager scheduled to return to work at the end of October 2018.

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily.

The agency maintains variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey. The inspector noted the feedback received by the agency following their annual satisfaction survey in February 2018 was very positive and a report had been shared with service users, representatives, staff and the HSC Trusts in March 2018.

Monthly monitoring reports were viewed for July to September 2018. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by an area manager or operations manager who have a good working knowledge of the service.

Each report contained a summary of service user, relatives and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The records included details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation, finance and training.

The agency maintains and implements a policy relating to complaints and compliments. The inspector noted no complaints had been received since the last inspection. A range of compliments had been received and records confirmed these had been shared with staff individually and at team meetings.

A review of incident reports documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures. There were a number of incidents that had been notified to RQIA since the last inspection as required.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. This was acknowledged during the observations of service user and staff interactions during the inspection.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed. Staff were able to discuss the ways in which their development and training enables them to engage with a diverse range of service users.

Discussions with the staff highlighted evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection included:

- effective communication
- service user involvement
- safeguarding
- advocacy
- human rights
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

The agency's commitment to equality and individual person centred care is an area of positive practice and is to be commended.

The returned questionnaires from service users indicated that they were 'satisfied' or 'very satisfied' and a well led service meant:

- You know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service.

The returned questionnaire from a staff member indicated that they were 'very satisfied' that the service was well led.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements.

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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