

Announced Care Inspection Report 22 January 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.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

Alan Close is a supported living type domiciliary care agency which provides personal care and housing support to 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 is managed by a manager, a team leader, senior support staff and a team of support workers. The entire agency staffs are registered social care workers with NISCC.

The service users rent their accommodation from Triangle Housing Association.

3.0 Service details

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

4.0 Inspection summary

An announced inspection took place on 25 January 2018 from 09.30 to 13.00 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 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.

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 Dolores 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 17 November 2016

No further actions were required to be taken following the most recent inspection on 17 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

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users who live at Alan Close to obtain their views of the service. The UCO also spoke with two members of staff and three relatives, and observed interactions between service users and staff.

During the inspection the inspectors spoke with two 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 inspectors spoke with the manager, Dolores Curran and observed the interactions of staff with service users.

At the request of the inspector, the 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. No surveys were returned to RQIA.

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
- Two 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 April, June and December 2017
- Annual quality report for 2017
- Communication records with HSCT professionals
- A range of compliments records
- Complaint records

- A range of incident records

The findings of the inspection were provided to the manager Dolores Curran, 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 17 November 2016

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 17 November 2016

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 manager indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work until all pre-employment information has been satisfactorily completed and verified. The inspectors 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 Alan Close who have worked there for a period of time. It was felt that consistency in staffing is very important as it allows the service users to develop a good relationship with the staff.

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. It was clear from observed interactions that the staff and service users have developed good relationships.

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 inspectors contained details of the information provided during the induction period and learning outcomes achieved by staff. One of the recently appointed staff interviewed confirmed that their induction had prepared them for their role.

Records of training indicated that staff 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 staff 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 staff are registered as appropriate with the relevant regulatory body. The records confirmed the majority of staff are registered with The Northern Ireland Social Care Council (NISCC). Three recently appointed staff are not yet registered however, records verified that these staff had submitted with registration application to NISCC. The 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.

The inspectors 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
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 care and support plan reviewed by the inspectors 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 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. One record in the health pathway section had not been updated regarding the most recent eye test; this was immediately addressed by the team leader. The inspectors 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 inspectors 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 the service users meet regularly with their key workers or co-workers to discuss any concerns or activities they would like to do. Service users and relatives felt that they could speak to the staff or the team leader if they had any complaints or concerns about the service.

The UCO was informed by the relatives and staff 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 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.

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

- "We can visit whenever we want."
- "No issues with communication."
- "XXX gets on well with everybody."

Team meetings are held regularly; the inspectors 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 inspectors 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.

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, three/six monthly care review meetings involving HSC Trust keyworkers, stakeholder and service user satisfaction surveys and tenant meetings.

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. Below are a number of activities that the service users have carried out:

- Cinema
- Shopping
- Cooking and cleaning
- Walking
- Swimming
- Meals out or trips to cafes
- Takeaway night
- Gym
- Bus and train trips
- Holidays i.e Eurodisney, Wales and England
- Day care centres
- Work placements
- Visiting family
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Examples of some of the comments made by the service users and relatives interviewed are listed below:

- "I like living here."

- “XXX’s is really happy living here.”
- “The staff are excellent.”
- “Looks forward to coming back.”

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

- “Thank you to the staff and managers for the support and motivation provided to xxx. The ideas put forward for him; it is great to see these ideas coming in to play. Xxx has purpose in his life.” (Verbal feedback at review meeting from two relatives of a service user).
- “Well done to team, both service users have participated in their review meetings for the first time. The routines in place and the offering of choices have resulted in positive changes to the service user’s engagement”. (Trust care manager and social worker verbal feedback following review meetings).
- “Thanks to the staff and manager, xxx has changed, his speech has come on leaps and bounds and he enjoys choice and freedom. Xxx has a great home there and I am content knowing he lives in a place like Alan Close.” (Verbal feedback from relative of a service user).

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.

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 registered manager is currently on maternity leave and the current management arrangements have been approved. 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 April, June and 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 inspectors were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards. The staff confirmed to the inspectors 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 manager confirmed that the agency had received one complaint in the past year. Records viewed confirmed the matter was appropriately manager and resolved. The staff training records viewed confirmed all staff had received update training on handling complaints during 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 2016/2017. 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 February 2017. The manager explained that feedback had been received from most stakeholders regarding their annual satisfaction review for 2017/2018. The findings are currently being collated and the report is planned for issue in spring 2018.

One of the staff interviewed indicated that the organisation have encouraged and supported her to undertake additional training, which have enabled her to develop skills and knowledge and enable career progression in the future.

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.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews