

Announced Care Inspection Report 4 October 2018



Bryansford Road

Type of service: Domiciliary Care Agency
Address: 61 Bryansford Road, Newcastle BT33 0LD
Tel no: 02843726631
Inspectors: Caroline Rix
User Consultation Officer: Clair McConnell

www.rqia.org.uk

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

Bryansford Road is a supported living type domiciliary care agency which provides personal care and housing support to four adults with Autistic Spectrum Conditions, learning disability and/or personality disorder. The services provided by Autism Initiatives are commissioned by the Southern Health and Social Care Trust, Northern Health and Social Care Trust and the Belfast Health and Social Care Trust (HSC Trust). The service users rent their accommodation at Bryansford Road and Elm Grove from Autism Initiatives. Under the direction of the manager, a team leader, senior support staff and a team of support workers provide care and support to service users.

3.0 Service details

Organisation/Registered Provider: Autism Initiatives NI/Dr Eamonn Slevin	Registered Manager: Dolores Curran(acting)
Person in charge at the time of inspection: Dolores Curran(acting)	Date manager registered: 1/10/2017

4.0 Inspection summary

An announced inspection took place on 4 October 2018 from 10.00 to 15.00 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 staff and other key stakeholders.

Service users spoken with by the User Consultation Officer (UCO), provided feedback regarding the service provided by Bryansford Road 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 agency 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 acting 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 25 January 2018

No further actions were required to be taken following the most recent inspection on 25 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 a service user, the manager, team leader and a support worker 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, no responses were returned to the inspector.

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. A response from one member of staff was received and the feedback is included within the body of this report.

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users who live at Bryansford Road to obtain their views of the service. The UCO also spoke informally with a member of staff and team leader; and observed interactions between service users and staff throughout the visit.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Two staff recruitment records
- Two staff induction records
- Three staff supervision records
- One staff appraisal record
- Three 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 referrals, 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 25 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 25 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 the staff member 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 and service users that there is a core staffing team who have worked in the service for a period of time; agency staff are not used. Confirmation was received that new staff spend a period of time doing their induction and shadowing experienced staff so that they are familiar with the service users and their needs. It was felt that consistency in staffing is very important as it allows the service users to develop a good relationship with staff. No issues were highlighted regarding staffing.

Discussions with staff and service users, together with the UCO's observations, it was evident that the staff on duty were knowledgeable regarding each service user and the level of support required to ensure their safety. The service users confirmed that they knew who to speak with if they had any complaints.

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 'important for keeping up to date and 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. 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.

Service user commented during inspection:

- "I am very happy here, everything is good."

The returned questionnaire from a staff member indicated that they were 'very satisfied' that the care was safe. A written comment was included that stated; 'The training provided is to a high standard and better and more thorough than any other company I've worked for.'

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.

All of the service users have lived at Bryansford Road for a period of time and have developed a good relationship with each other and staff. The UCO was informed by the service users and staff spoken with that they feel there is adequate staffing to provide the necessary care and support.

Support is tailored to suit the needs of the individuals to enable them to live as independently as possible. The service users spoken with confirmed that they are encouraged by the staff to carry out daily tasks such as cooking, cleaning and shopping.

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. Tenant meetings also take place regularly. Service users confirmed that they felt that they could raise any concerns with staff or management.

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.

Staff commented during inspection:

- “Love learning about each service users’ needs and helping them achieve their goals. The training has been great; I have started the QCF level 2 course and am really enjoying it”.

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.

The service users spoken with confirmed that they are given choice regarding the decoration of the communal living spaces and their bedrooms. It was noted that there were photographs in the living room depicting the service users on some of their outings. Service users are given choice regarding activities as much as possible.

Below are a number of activities that the service users have carried out with the support of staff:

- Shopping
- Cooking
- Cleaning
- Gardening
- Walking
- Meals out or trips to cafes
- Day trips i.e. Belfast Zoo
- Holidays i.e. Dublin
- Day care centres
- Visiting family
- Plays
- Music and DVDs

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

- "I prefer living here to my last place."
- "The staff are very nice."
- "XXX (key worker) is very helpful."
- "We get on well together."
- "Any problems I know to talk to the staff."
- "I'm happy to speak with staff."
- "The staff are very friendly."

During the home visits the UCO observed interactions between the staff and service users. No concerns were noted during the interaction.

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 can see that there is a good staff team here, who all get on well with the service user.' (Verbal comment from a paramedic who visited the service).

- 'We are very happy with the support provided to xxx, there are no concerns.' (Verbal feedback from the relative of a service user).
- 'I am very happy with the management of xxx challenging behaviour, staffs are approachable and I am happy with everything.' (Trust social worker feedback during a review meeting).

The returned questionnaire from a staff member indicated that they were 'very satisfied' that the care was compassionate. A written comment was included that stated; 'The service users are a pleasure to support. There are challenges we face daily but the job is fulfilling and an honour'.

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, supported by a team leader, a senior support worker and a team of support workers.

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 January 2018 was very positive and a report had been shared with service users, representatives, staff and the HSC Trusts in April 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 one complaint had been received since the last inspection. Records reviewed confirmed that this matter had been appropriately managed and resolved. 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 questionnaire from a staff member indicated that they were 'very satisfied' that the service was well led. A written comment was included that stated; 'I enjoy working here and have a great support network from the staff team and management.'

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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