

Unannounced Care Inspection Report

15 December 2016



Bryansford Road

Type of service: Domiciliary Care Agency
Address: 61 Bryansford Road, Newcastle BT33 0LD
Tel no: 02843726631
Inspector: Lorraine O'Donnell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Bryansford Road took place on 15 December 2016 from 09:30 to 14:30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the supported living service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

During the inspection the agency was found to be competently delivering safe care. The agency ensures there are appropriately trained and supervised staff who understand the needs of service users.

The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. The inspector found significant evidence of positive outcomes for service users through a process of person centred assessment, and review of needs, preferences, and risks.

Is care effective?

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users' representatives are closely involved in the development of care and support plans which are reviewed regularly with HSC Trust professionals. The agency maintains effective communication with service users, relatives and key stakeholders, particularly the HSC Trust. The quality monitoring arrangements include consultations with service users' representatives, and provide a thorough system of audit and service improvement.

Is care compassionate?

During the inspection the agency was found to be competently delivering compassionate care.

The inspector observed interactions between staff and service users and received feedback from relatives and a community professional which indicated that the human rights, choice and respect of service users are upheld through service delivery.

The agency maintains systems to ascertain the wishes and feelings of service users/their representatives, and to involve them in decision making.

Is the service well led?

During the inspection the agency was found to be competently delivering a well led service. Management and governance systems have been effectively implemented at the agency to ensure that the needs of service users are met and quality improvement is driven. Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure. However, the agency did not, on one occasion, report to RQIA a notifiable event within the specified time frame; the manager assured the inspector that systems would be put in

place to ensure future incidents of this nature would be reported to RQIA within the specified timeframe.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Dolores Veronica Curran, 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Autism Initiatives NI/Andrew Grainger (Acting)	Registered manager: Dolores Veronica Curran
Person in charge of the service at the time of inspection: Dolores Veronica Curran	Date manager registered: 27 February 2015

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2015/2016

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

- Discussion with the registered manager
- Consultation with one member of staff
- Discussion with one service user's relative

- Discussion with one service user
- Examination of records
- File audits
- Evaluation and feedback

The service users' views are contained within the body of this report.

On the day of inspection the inspector met with one member of 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.

The registered manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. One completed staff questionnaire was returned to RQIA. The content of the questionnaire is discussed in the main body of the report. The registered manager was also provided with questionnaires to distribute to service users for their completion. No service users returned completed questionnaires.

The following records were examined during the inspection:

- Two service user records in respect of referral, assessment, care plan and review
- Schedule of staff supervision and appraisal dates
- Three induction records
- Complaint log
- Staff training schedule
- Staff duty rotas
- Monthly monitoring reports for September to November 2016
- Minutes of staff meetings
- Minutes of tenant meetings
- Policies and procedures relating to: risk management, staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification and complaints
- Records of incidents reportable to RQIA in 2015/2016
- The agency's Statement of Purpose

4.0 The inspection

Bryansford Road, is a supported living type domiciliary care agency which provides care and support for three individuals.

Autism Initiatives provides a domiciliary care type supported living service to three tenants. Staff provide support on a 24 hour basis and are present in the tenants' home at all times.

Discussions with the staff and the service user provided evidence of positive outcomes for service users; details of which have been included within this report.

4.1 Review of requirements and recommendations from the most recent inspection dated 30 March 2016

The most recent inspection of the agency was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 15 August 2014

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The agency's registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose.

During the inspection staffing arrangements were reviewed by the inspector. The agency has in place a recruitment policy; this was updated March 2015 by Autism initiatives. The organisation has a dedicated human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks. A RQIA inspector reviewed a sample of staff recruitment records at the organisation's head office on 29 November 2016, and found all the required information and documentation to be in place in line with the regulations.

A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be in compliance with related regulations and standards.

The agency has a structured comprehensive staff induction programme. The inspector viewed induction records for three staff which confirmed that a competency assessment is carried out for each new care worker and subsequent supervision records maintained. The agency has an appropriate induction and support mechanisms in place for staff working on a temporary basis.

The inspector examined the agency's provision for the welfare, care and protection of service users. The agency has in place a policy relating to the safeguarding of vulnerable adults, which is in line with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership', July 2015. Records reviewed by the inspector indicated that the agency responds promptly and fully to all suspected, alleged or actual incidents of abuse. The registered manager discussed the agency's response to safeguarding concerns and their role in working with the HSC Trust during the completion of an investigation.

The agency's whistleblowing policy and procedure was found to be satisfactory. The care worker interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

Records of training and staff feedback indicated that staff attended a range of training necessary to meet the needs of service users.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained.

Service user referral information received from the HSC Trust staff contained information regarding the service user and/or their representatives. The inspector examined two support plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users and/or representative's views had been obtained and incorporated. Records of risk assessments are completed with each service user, regularly evaluated and reviewed.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed.

The service user interviewed by the inspector stated that they felt safe and secure in their home. The inspector found the care provided was of a high standard; response to the questionnaire received from the member of staff would indicate a high level of satisfaction.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. It was noted that the Statement of Purpose and Service User Guide provide a comprehensive overview of the full nature and range of current service provision and are provided to service users and/or their representatives.

The inspector reviewed a range of care plans which are provided to service users. Staff provided feedback about how care plans are developed alongside service users and/or their representatives, to fully incorporate the views and wishes of service users. Service user records evidenced that the agency had carried out care reviews with service users in line with the agency procedure.

The registered manager confirmed annual questionnaires were issued to staff and service users to obtain feedback on services provided. The inspector viewed the results of the 2015/16 returned questionnaires. The manager stated the questionnaires for 2016/17 had yet to be sent to service users.

It was evident that staff have developed a good understanding of service users, which was reflected in the care plans and in the discussions they had with the inspector.

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service. The quality monitoring system provides a thorough standard of monitoring in

accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, relatives, staff and as appropriate HSC Trust professionals; and progress on improvement matters. The inspector noted that quality monitoring reports documented positive feedback regarding the quality of service provision.

Minutes of tenant meetings clearly documented communication processes between agency staff and tenants, including tenant views and how the agency has responded to them. Discussions with the service user indicated that they have open lines with communication with staff. The service user provided feedback that they know who to go in the agency to discuss an issue or complaint.

In the questionnaire returned by a member staff, they indicated they were 'very satisfied' that care was effective.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The staff spoken to on the day of inspection described to the inspector that values including privacy, dignity, independence and choice, form an important part of care provision.

The service user interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff. The inspector noted that service users were able to exercise choice regarding a range of daily decisions. The service user who spoke with the inspector valued their independence and the ability to take part in activities of their choosing in their home and the local community. The tenant meeting minutes viewed by the inspector reflected opinions being sought in respect of choices regarding outings.

The service user informed the inspector that they felt that the staff are appropriately trained and knowledgeable regarding their care and support needs.

Service User comments

- "Wouldn't change anything."
- "Like it here, it is my home."

The inspector noted that service users' care plans were very person centred and specific to the individual, with the inclusion of pictorial guides which reflected service users' wishes or needs. The likes and dislikes of each service user were noted in detail in their file, alongside information about preferred means of communication and delivery of care.

The questionnaire returned by the staff member indicated they were 'very satisfied' that care was compassionate.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Staff described the manager as approachable. It was noted that manager available for consultation out of hours have a working knowledge of the service and are respected by staff. Feedback from staff indicated that the manager responds to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained and are accessible to all staff. The agency maintains and implements a policy relating to complaints and compliments. The inspector noted one complaint was received during the reporting period of 1 April 2015 to 31 March 2016. The service user interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. No concerns regarding the management of the agency were raised during the interview.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guides to daily roles and responsibilities were available to staff on a daily basis.

The registered person has worked effectively with RQIA; however the inspector viewed the agency's records of notifiable events and these records indicated that one of the incidents had not been reported to RQIA within the specified time frame. The inspector can confirm the manager immediately forwarded a written report of this incident to RQIA during the inspection. The manager explained this was an oversight and given that other similar incidents had been reported appropriately in the past the manager and team leader assured the inspector that systems would be put in place to ensure future incidents of this nature would be reported to RQIA within the specified timeframe.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders which are valued by staff.

The agency operates a robust training system; the agency had received an Autism Initiatives award indicating they had received one hundred percent compliance in mandatory training.

The questionnaire returned by a member of staff indicated they were 'very satisfied' that the service is well led.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews