

Announced Care Inspection Report 25 January 2018



Bryansford Road

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

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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

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. The entire agency staffs are registered social care workers with NISCC.

3.0 Service details

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

4.0 Inspection summary

An announced inspection took place on 25 January 2018 from 13.30 to 16.30 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 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 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.

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 team leader as part of the inspection process and can be found in the main body of the report. The findings of the inspection were provided to at the conclusion of the inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 15 December 2016

No further actions were required to be taken following the most recent inspection on 15 December 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 the three service users who live at Bryansford Road to obtain their views of the service. The UCO also spoke informally with two members of staff, the service manager and area manager. The UCO also observed interactions between service users and staff throughout the visit.

During the inspection the inspectors spoke with one support worker and the team leader 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 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. At the time of issuing this report one staff view had been returned to RQIA via Survey Monkey. Staff survey results show that the staff member was undecided, satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel that the service is managed well?

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
- Tenants meeting minutes
- One new support worker's recruitment and induction records
- Two long term support workers' supervision and appraisal records
- Staff training records
- Team meeting records
- NISCC registration and renewal of registration processes
- Monthly monitoring reports for June, November and December 2017
- Annual quality report for 2016/2017
- Communication records with HSCT professionals
- Complaints records
- A range of compliments records
- A range of incident records

The findings of the inspection were provided to 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 15 December 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 15 December 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 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 staff interviewed that there is a core staffing team at Bryansford Road who has 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 staff, as well as the UCO's observations, it was evident that the staff on duty was 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 a good relationship with each other.

The service users meet regularly with their key workers or co-workers to discuss any concerns and activities that they would like to do. Service users advised that they could speak to the staff, service manager or social worker if they had any complaints or concerns.

The induction programme for new 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.

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 inspectors 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). One recently appointed support worker was not yet registered however; records verified that the support worker had submitted their 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 clear 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 support worker interviewed had a clear understanding of their roles and responsibility to identify and report actual or suspected abuse. The support worker 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. The team leader discussed their on-going record management plan relating to one service user where the original documentation had been destroyed by the service user. The inspectors were satisfied that the documentation was being replaced. 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 have informal meetings with their key workers or co-workers; staffs were knowledgeable as to the level of support required by each service user. The UCO was informed by the service users that the staff help and support them with their activities. The service users have lived at Bryansford Road 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 interviewed are listed below:

- “I like living in Newcastle. It’s usually quiet.”
- “XXX (key worker) does a lot for me.”

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.

There were discussions with the UCO about the service users’ experiences of living at Bryansford Road 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:

- Shopping
- Cooking and cleaning
- Walking
- Meals out or trips to cafes
- Day trips i.e Portrush, Belfast, Balmoral Show
- Holidays i.e Edinburgh, London, Manchester
- Day care centres
- Work placements
- Visiting family
- Plays

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

- “I like that someone is always here.”
- “Sometimes it can be too noisy.”
- “Been a happy time.”

Tenants meetings are held regularly; the inspectors viewed minutes of meetings that indicated a range of topics and matters were discussed including plans for Christmas/redecorating and wooden floor replacement and Balmoral show visit. Service users had fully participated in these meetings and were also provided with updated information and reminders.

Discussion with a support worker showed that they understand and respected the needs and wishes of service users. For example, service users were supported to prepare meals of their choice and the social activities they engaged in were very person-centred. One support worker consulted with described getting to build relationships with the service users as ‘the best part of the job’.

Service users were encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

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.

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

- “Xxx is very happy with xxx being the new manager; xxx is very nice and helpful to him.” (Verbal feedback from a relative’s phone call with a service user).
- “Thank you to staff, especially xxx (support worker) for all they do for xxx. I appreciate all the things the team does, as without them, I would not feel as content and happy about xxx’s care and well-being.” (Letter from relative of a service user).

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 agency’s Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. 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.

The day to day operation of the agency is overseen by a manager, a team leader, senior support worker and a team of support workers.

Support workers spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Senior managers were available for consultation out of hours and had a working knowledge of the service.

The inspectors examined the management and governance systems in place to meet the needs of service users. Robust systems of management and governance established by Autism Initiatives NI had been implemented at the agency.

Monthly monitoring reports were viewed for June, November 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 managed and resolved. The staff training records viewed confirmed all staff had received update training on handling complaints during 2017. Staff member interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

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 which had been notified to RQIA and these were confirmed as having been received in line with the required timescale.

The inspectors 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 action points. This report was confirmed as appropriately detailed and had been shared with service users/relatives/staff and the HSC Trusts in January 2017. The manager explained that feedback would be requested in March 2018 from all stakeholders regarding their 2017/2018 annual satisfaction review.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

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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