

# Announced Care Inspection Report 21 October 2019



## Central Promenade

**Type of Service: Domiciliary Care Agency**  
**Address: 15 Central Promenade, Newcastle, BT33 0AA**  
**Tel No: 02843724001**  
**Inspectors: Caroline Rix and Corrie Visser**

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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**

Central Promenade is a supported living type domiciliary care agency for adults with autistic spectrum conditions and/or learning disability. The care and support service provided by Autism Initiatives are commissioned by the Southern Health and Social Care Trust and South Eastern Health and Social Care Trust (SHSCT) (SEHSCT).

Under the direction of the manager, care and support is provided by senior support workers and a team of support workers. The staff have an office base within the Central Promenade premises. The ten service users rent their shared apartments from Choice Housing Association.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Autism Initiatives  <b>Responsible Individual:</b> Eamonn James Edward Slevin	<b>Registered Manager:</b> Kathryn Boden - application received, registration pending
<b>Person in charge at the time of inspection:</b> Kathryn Boden	<b>Date manager registered:</b> Application received 13 April 2018 - registration pending

### 4.0 Inspection summary

An announced inspection took place on 21 October 2019 from 10.00 to 15.45.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection assessed progress since the last care inspection 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 throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. The care records were well maintained and there was evidence of good communication with relevant stakeholders. Care and support was provided in an individualised manner. The agency promoted the involvement of service users. There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was clear in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

Staff interactions observed by the inspector were noted to be very warm and caring. Each service user consulted spoke positively in relation to the care and support received.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Kathryn Boden acting manager and the area manager 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 October 2018

No further actions were required to be taken following the most recent inspection on 17 October 2018.

#### 5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- all correspondence received by RQIA since the previous inspection

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the report.

At the request of the inspectors, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; One response was received and indicated that they were 'very satisfied' with the service being provided in relation to safe, effective, compassionate care that was well led. No comments were included on the survey.

The inspectors requested that the manager place a "Have we missed you" card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Ten questionnaires were also provided for distribution to the service users and their representatives; no responses were returned within the timeframe for inclusion within this report. RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

During the inspection the inspectors met with four service users and two staff members. Comments received are included within the report and some are noted below.

#### **Service user's comments:**

- "I am happy enough living here, my flat is nice."
- "I can come and go whenever I want to."

Staff spoken with gave their view of the service.

#### **Staff comments:**

- "Service users are all so different, I love my job helping to support them."
- "Ongoing update training and development is very good."

The inspectors would like to thank the manager, area manager, service users and staff for their support and co-operation throughout the inspection process.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the last care inspection dated 17 October 2018**

There were no areas for improvement made as a result of the last care inspection.

## **6.2 Inspection findings**

### **6.3 Is care safe?**

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The agency's arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices. A review of the recruitment checklist indicated that all pre-employment information has been satisfactorily completed and verified in line with regulations and standards.

The manager indicated that staffing levels are being reviewed following a number of recent support worker vacancies. A number of new staff have been appointed. The manager however confirmed staffs support would continue to be available to meet the needs of service users.

New employees were required to complete an induction programme which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. This programme viewed included a detailed induction timetable and support mechanisms in place. Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff which included shadowing other experienced staff. It was good to note that Human Rights were included in the induction programme.

Discussions with staff on the day of inspection confirmed that their induction had been appropriate and provided them with the skills to fulfil the requirements of their job roles.

The inspector reviewed the agency's training plan and training records maintained for individual staff members; those viewed indicated that staff had completed all mandatory subject updates and in addition other relevant training.

Records of training and staff feedback indicated that they attend a range of training necessary to meet the individual needs of service users including; epilepsy awareness, understanding autism and behaviour support awareness. Staff spoken with described the value of the additional training received in improving the quality of care and support they provided and their understanding of service user's human rights in all aspects of their lives. Staff commented: "We have very good training, both face to face and on-line."

There were systems in place to monitor staff performance including spot checks and training feedback to ensure that they receive support and guidance.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice and to ensure that the service users were safe and protected from harm. The agency policy and procedure in relation to safeguarding adults was reviewed and found to provide information and guidance for staff as required. The role of the Adult Safeguarding Champion (ASC) was discussed. The manager demonstrated appropriate knowledge as to how to address matters if and when they arise, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation. The inspector noted that the safeguarding procedure is also available in an easy read version and copies had been provided to all service users and discussed at their review meeting in past year.

From the date of the last care inspection there have been a number of referrals made to the relevant HSCT in relation to adult safeguarding matters. Records reviewed confirmed these matters were managed appropriately, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigations.

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.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. These areas were monitored by the management team as part of their quality monitoring processes.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessments had been completed. There was evidence of

positive risk taking in collaboration with the service users and/or their representatives, the agency and the HSCT.

Staff presented as knowledgeable and informed, regarding service users’ needs. They described the value they place on ensuring that service users are supported in an individualised manner, where their preferences and wishes are taken into account. Staff recognised the importance of ensuring service users could talk openly with them and discuss any concerns they had and an ability to balance risk with the wishes and human rights of individual service users.

Staff confirmed that they felt the service being provided was safe. They described how they observe service users, noting any change in dependency, ability or behaviour and quickly taking appropriate measures to promote/ensure the safety and wellbeing of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

Care records and information relating to service users were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with data protection guidelines. It was noted that General Data Protection Regulations (GDPR) training had been completed by all staff recently.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.4 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 review of two service users’ care records identified that they were comprehensive, person-centred and maintained in an organised manner.

The care records evidenced referral information, risk assessments, care plans and annual care reviews with the relevant HSCT representative. Service users were enabled to exercise the maximum amount of choice and control in their commissioned individual care arrangements with the agency. This supported the service user and agency to review and measure outcomes for the service users.

There were arrangements in place to obtain, and act in accordance with the consent of service users. Care and support plans had been signed by service users to indicate that they had been involved in their care and support planning and had agreed to it. It was noted that where care and support plans had been reviewed, the updated documents had been signed.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users', their representatives where applicable and other key stakeholders.

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. Feedback received during monitoring visits and contacts with service users and/or relatives. The service users prefer individual flat meetings rather than a larger tenants meeting. These flat meetings are held on a regular basis, along with service users having one to one discussions with senior staff. The flat meeting minutes were reviewed during inspection, areas for discussion included:

- events planning
- safeguarding reminder
- maintenance matters.

During the inspection the inspectors were able to observe a number of service users communicate effectively with each other and staff and noted that they were fully involved in day to day decisions and routines. The staff were using language and behaving in a manner which encouraged each service user to make their own choices.

#### **Service user's comments:**

- "I love my flat and other friends; we get on well together."
- "I have all my music in my bedroom and my karaoke to sing along to Take That, they are my favourites."
- "I choose the food I like to eat, staff and I buy groceries at Tesco's and they help me cook in case I burn myself on the cooker. I had a lovely birthday last week."

#### **Staff comments:**

- "I believe the service users get great support to live their own lives fully."
- "I love to see the service users having full lives. They are encouraged to have their choice in everything they do and want."

#### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the service users.

#### **Areas for improvement**

No areas for improvement were identified during the inspection.



	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 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 inspectors sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspectors discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe, effective and compassionate manner. It was identified that staff had completed training on equality and diversity.

Discussions with the service users, staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

Some of the other areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person-centred care
- individualised risk assessment
- disability awareness

Records of flat meetings, individual service user meetings and reports of quality monitoring visits indicated the agency's systems for regularly engaging with service users and where appropriate relevant stakeholders. The inspectors noted that the agency had completed their annual quality survey in December 2018 with positive results and an action plan. The service users had the opportunity to comment on the following:

- quality and safety of your home
- support provided
- activities
- choices, dignity and respect
- health care and support
- support with finances
- complaints
- control of your life
- access to support

The manager described the actions taken forward following the survey are being addressed or have been implemented.

It was good to note that agency staff were promoting the autonomy of service users. Staff spoken with were aware of issues relating to consent. Staff members gave examples of the importance of involving service users in making decisions about their own care and support. They spoke about respecting service users' rights to decline care and support, and the importance of recognising the best times for service users to make certain decisions.

Service users consulted with during the inspection readily gave examples of the different ways the staff treated them with respect and dignity, whilst promoting their independence. Staff interactions observed by the inspectors were noted to be very warm and caring.

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

- 'We are delighted with the way xxx is treated there and the way she is supported to go out to events.' (Feedback from a service user's relative).
- 'The staff are very positive and I am happy with the service provided.' (Community nurse feedback).
- 'I am very happy with the support being provided and the actions taken to safeguard service user during recent crisis.' (Social worker feedback at review meeting).

#### **Service user's comments:**

- "I love my flat, but I miss my friend who died last year."
- "I have my own choices listened to. I have my own placemat on the table so I know what food is ok to eat and not choke."
- "I like sharing my flat with my friend. I have a new walking trolley for inside and another that I use when I go outside. I speak to my sister on my Wi-Fi skype which is great."
- "I choose what I want to do each day and the staff support me and remind me so I don't be late for anything. I enjoy living here."

#### **Staff comments:**

- "Very rewarding to build relationships over time. Service users each have such different personalities. I enjoy helping them enjoy their lives with lots of activities planned individually and together."
- "I get a warm feeling knowing we are helping our service users live as independently as possible. They sometimes make unwise choices but it is their right to do so."
- "We have built up trust with our service users and would offer a variety of alternatives and choices if they declined care or support."

#### **Areas of good practice**

The agency promoted the involvement of service users within the service. There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and engagement with service users and other relevant stakeholders with the aim of promoting the safety of service users and improving the quality of the service provided.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 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 inspectors reviewed the management and governance systems in place within the agency to meet the needs of the service users. It was identified that the agency has effective systems of management and governance in place.

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. On the date of inspection the certificate of registration was on display and reflective of the service provided.

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

The staff members spoken with confirmed that there were good working relationships and that their line manager was responsive to any suggestions or concerns they raised.

#### Staff spoken with commented:

- "The office staff are all very approachable and flexible. They are contactable for advice at any time and always come back to us with updates or to confirm matter is sorted out."
- "The training is very good. We have very good communication within the team, always updated to better support our service users."

The inspectors noted that arrangements were in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records viewed confirmed that all staff are registered or have applied to be registered with the Northern Ireland Social Care Council (NISCC), in keeping with the NISCC registration timeframe. The manager discussed the system in place to identify when staff are due to renew registration with NISCC and the inspectors viewed their monthly checklist confirming this process.

The inspectors discussed the recent changes the Northern Ireland Ambulance Service (NIAS) has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspectors were advised by the manager that they have met with the commissioning HSC trust to discuss the changes and have reviewed arrangements for managing such accidents.

The agency maintains a 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 inspectors noted a range of feedback had been received by the agency following their annual quality review for 2018. The inspectors noted that the information collated into the agency's annual report contained information received from service users, staff and commissioners. The agency's annual report had been shared with service users and staff.

The agency's quality monitoring reports were reviewed for the past two months. These reports evidenced that the monitoring of the quality of service provided was being consistently maintained in accordance with minimum standards. Each report contained a summary of consultation with service users, their relatives, staff and other relevant HSCT representatives and evidenced how any issues arising had been managed. The reports also included details of a review of accidents, incidents, staffing arrangements, completed staff training and audits of documentation.

There had been no complaints received from the date of the last inspection. All those consulted with were confident that staff and management would manage any concern raised by them appropriately. This feedback evidenced that service users have access to clear and fair processes for getting their views heard in line with their human rights and to raise and resolve concerns or complaints.

**Service user commented:**

- "I can talk to any of the girls if I have a problem and they will sort it out for me."

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with their policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision meetings, team meetings and appraisals in line with the agency's policy and procedure; records provided to the inspector confirmed this. Minutes of a recent staff meeting confirmed the staff had an opportunity to discuss recent concerns and challenges within their work with the organisations senior management. The area manager confirmed that these areas are being addressed.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years in accordance with timescales outlined in the minimum standards. Policies were held online and were accessible to staff.

**Areas of good practice**

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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