

Announced Care Inspection Report 17 October 2018



Central Promenade

Type of service: Domiciliary Care Agency
Address: 15 Central Promenade, Newcastle BT33 0AA
Tel no: 02843724001
Inspector: 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

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 staffs have an office base within the Central Promenade premises. The eleven service users rent their shared apartments from Choice Housing Association.

3.0 Service details

Organisation/Registered Provider: Autism Initiatives NI/Andrew Grainger (Acting)	Registered Manager: Leanne Ruth Binks
Person in charge at the time of inspection: Leanne Ruth Binks	Date manager registered: 22/12/2015

4.0 Inspection summary

An announced inspection took place on 17 October 2018 from 10.00 to 15.10 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 during and 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 and staff training.

Service users spoken with by the User Consultation Officer (UCO), provided feedback regarding the service provided by Central Promenade 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 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 manager Leanne Binks 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 29 January 2018

No further actions were required to be taken following the most recent inspection on 29 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 manager, the area manager, a senior support worker, a support worker and a visiting social 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. No staff responses were received.

As part of the inspection the User Consultation Officer (UCO) spoke with five service users who live at Central Promenade to obtain their views of the service. The UCO also spoke informally with three support staff, as well as observing interactions between the service users and staff on duty.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Three staff recruitment records
- Two staff induction records
- Three staff supervision records
- Two staff appraisal records
- 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 care and support plans, reviews and quality monitoring
- Tenants meeting minutes
- 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 manager and the area manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 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 29 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, with a small number of new staff started during 2018, 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 spoken with that there is a core staffing team who have worked in the service for a period of time; employment agency staff is not used. Confirmation was received that new staff spend a period of time doing an induction and shadowing experienced staff so that they are familiar with the service users and their needs. It was felt that the service users have developed a good relationship with staff.

Through discussions with the staff and service users, as well as the UCO's observations, it was evident that the staffs on duty were very knowledgeable regarding each service user and the level of support required, ensuring their safety. The service users confirmed that they had a key worker and could raise any concerns or complaints with them, other staff, manager or their social worker.

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 'vital for us all to be sure we are keeping up to date and reflecting on practise'. Staff confirmed senior staffs are approachable at any time for support and guidance.

Staff commented during inspection:

- "Our training is excellent; I asked for extra training on mental health conditions, this was provided to all staff. I found it gave me a really helpful insight into certain conditions and how we can help our service users in the future."

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. Records evidenced that a number of potential safeguarding matters had been identified, appropriately managed and reported to the relevant bodies as required.

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.

The inspector met with a commissioning trust social worker who currently visits the supported living service fortnightly to carry out reviews with a number of service users who have changing needs.

The social worker discussed the quality of support provided and commented:

- "I feel the service and support is very good. Staff are very good at contacting me if there have been any changes noted, so I can decide if action is required. The staff support is excellent; person centred and takes into account each service users wishes. I find the service users are usually settled and not stressed."

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 manager 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 Central Promenade for a period of time and have developed a good relationship with each other and staff. The UCO was informed that there is adequate staffing to provide the necessary support and new members of staff complete a thorough induction and shadowing period. The service users spoken with confirmed that they are encouraged by staff to carry out as much as possible for themselves, however staff assist as necessary.

All service users have an allocated key worker who they meet with regularly to discuss possible activities, concerns or requirements for additional help. Confirmation was also received that tenant meetings, reviews and assessments such as speech and language also take place as required. Service users confirmed that they felt that they could raise any concerns with staff or management. One service user, who has been in poor health, was very complimentary regarding the additional support being provided by the staff from Central Promenade and medical professionals at this time.

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

- "I can choose what I eat but the staff do the cooking as I'm worried about using the cooker."
- "Always well looked after."
- "I can go out whenever I want. I just have to ask."

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 had included:

- Events planning
- Security and fire safety
- Maintenance matters
- Staffing updates

Staff comments received during inspection:

- “I love my job, our service users are great, with wonderful personalities, and I have built relationships with them over years.”
- “Service users trust us and we help support them to do their chosen activities in their flats or community.”

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.

The service users live in two or three bedroom flats and the UCO was informed that service users are given the choice to decorate their flat in to their individual tastes. They are also involved in choosing activities that they would like to carry out, with the support of staff. Below are a number of activities that the service users have carried out since living at Central Promenade:

- Day trips to Portrush and Bangor
- Day centres
- Visiting relatives
- Birthday parties
- Visits to coffee shops or meals out
- Shopping
- Arts and crafts
- Knitting
- Singing and dancing
- Spread Club
- Cinema
- Bingo

During the home visits the UCO observed interactions between the staff and service users. No concerns were noted during the interactions and permission was sought from the service user prior to entering their home. Examples of some of the comments made by the service users interviewed are listed below:

- “Staff are brilliant. They would do anything for me.”
- “I like living here.”
- “XXX (flatmate) is my best friend.”

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:

- ‘Thank you to staff. I was so impressed by xxx bedroom, loved how it was decorated and how colourful all xxx’s jewellery was.’ (Verbal feedback from relative of a service user following a recent visit).
- ‘Thank you for everything you do. I know you really do not have an easy job and that all the staff are wonderful.’ (Telephone call feedback from the 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 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 a registered manager, supported by senior support workers 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 November 2017 was very positive and a report had been shared with service users, representatives, staff and the HSC Trusts in December 2017.

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 large number of incidents that had been notified to RQIA since the last inspection as required. The manager discussed the on-going management and support mechanisms in place, in conjunction with other relevant professionals, to support service users and ensure their safety.

Staff commented during inspection:

- "The manager is very helpful and approachable. We have great team working here; I love our service users and have supported them for many years. It is so rewarding work."

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.

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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