

Unannounced Care Inspection Report 28 November 2016



Central Promenade

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

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Central Promenade took place on 28 November 2016 from 10.00 to 15.50 hours.

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

Is care safe?

During the inspection the inspector found evidence to indicate the delivery of safe care. Examination of the staffing arrangements showed that the agency maintains a provision of appropriately trained and supervised staff who understand the needs of service users. Staff provided feedback that managers are approachable and accessible for consultation at all times.

The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. The arrangements for the provision of care and support include appropriate involvement of service users, the HSC Trust and relatives. The inspector found 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 delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users and their relatives are closely involved in the development of care and support plans which are appropriately reviewed. 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, their representatives and the HSC Trust, and provide a thorough system of audit and service improvement. The inspector received feedback from service users, relatives and staff which indicated that service provision had resulted in positive outcomes for service users' lives.

Is care compassionate?

During the inspection the agency was found to be delivering a high standard of person centred compassionate care. The inspector observed interactions between staff and service users and received feedback from service users' relatives which indicated that the human rights, choice and respect of service users are upheld through service delivery. There was evidence which indicated that the views and wishes of service users are consistently sought by staff on a day to day basis, in addition to formal processes such as monthly quality monitoring and the annual service user survey. The agency maintains systems to seek the views of service users' representatives and there was evidence of regular involvement of representatives as appropriate. The inspector noted that the provision of a high standard of compassionate care has enabled service users to enhance the quality of their lives.

Is the service well led?

During the inspection evidence confirmed delivery of a well led service. Management and governance systems have been effectively implemented by the agency to ensure that the needs

of service users are met and quality improvement systems are maintained. Support staff are aware of their roles, responsibilities and accountability systems within the organisational structure. It was noted that staff have access to a manager who has knowledge of the needs of service users at all times. The inspector noted evidence of effective team working to the benefit of service users. Constructive working relationships with key stakeholders, including relatives and the HSC Trust, have contributed to positive outcomes achieved with service users.

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 Claire Grant registered 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.

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: Claire Grant
Person in charge of the service at the time of inspection: Claire Grant	Date manager registered: 28 October 2016

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA

During the inspection process the inspector spoke with the registered manager, Claire Grant; the area manager, Delores Curran; one senior support worker; one support worker; two service users and three relatives. During the inspection the inspector observed the interactions of staff with service users.

Relatives' comments

- 'I think this is a fantastic facility, I couldn't be happier with xxxx living here.'
- 'The support is very good, and the staff are all approachable and know my relative's needs fully.'
- 'The staff and support is brilliant, with quality care that couldn't be better.'

Staff comments

- 'The support and care provided is of a very high standard, staff and service users work together as a team.'
- 'We always put the service users' needs and choices first.'

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; six were returned. At the request of the inspector, questionnaires were distributed for completion by service users/representatives; eight were returned. Feedback received from questionnaires is included throughout this report.

The following records were examined during the inspection:

- Two care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Tenant meeting minutes
- Service user evaluation survey results
- Staff meeting minutes
- Records relating to staff training, including induction training
- Records relating to staff supervision
- Complaints records
- Compliments records
- Incident records
- Records relating to safeguarding of adults
- Staff rota information
- Staff communication records
- Recruitment Policy
- A range of policies relating to the management of staff
- Supervision Policy
- Induction Policy
- Safeguarding Vulnerable Adults Policy, 2016
- Management of Challenging Behaviours Policy
- Risk Management Policy
- Whistleblowing Policy, 2016

4.0 The inspection

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

The service is managed by the registered manager and there is a manager, senior support staff and support workers. Agency staff have an office base within the Central Promenade premises.

Service users rent their apartments from Oaklee Housing Association with several of the 11 service users sharing their accommodation, while others live alone.

4.1 Review of requirements and recommendations from the most recent inspection dated 26 January 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 22 December 2014

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

4.3 Is care safe?

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. The inspector reviewed a sample of two staff recruitment records at their head office on 29 November 2016, and found all the required information and documentation to be in place in line with the regulations.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users, including the provision of one to one time at home or in the community. The inspector noted that vacant shifts are usually covered by the current staff team, with no use of employment agency staff required. The staff interviewed raised a query regarding timetable for recruitment of support workers, as there are a number of staff due to commence maternity leave soon. The inspector was advised by the manager and area manager that the agency is in the course of a current recruitment process as they recognise the importance of staffing arrangements that maximise the provision of familiar staff to service users. The inspector viewed evidence of how service users were facilitated to participate in the upcoming staff recruitment process; this was to be commended.

It was noted that the agency has an induction policy and procedure in place. The induction programme for support workers was viewed, which includes a detailed induction procedure and

support mechanisms in place for staff over a six month period that included a 'buddy' system. Staff who provided feedback to the inspector confirmed that the induction prepared them for their role and described the support during the induction period as very good.

Records of training and staff feedback indicated that staffs attend a range of training necessary to meet the needs of service users. Autism Initiatives NI has a system of requiring staff to complete competency assessments subsequent to key training events to ensure that learning objectives have been met, and to identify future learning needs.

The inspector received feedback from the manager, area manager and from staff which indicated that the agency is committed to the ongoing development of staff through the provision of quality training. The manager advised the inspector that staff have attended training specific to the needs of individual service users, such as autism, personality disorder training, ligature training and epilepsy awareness training. Staff provided very positive feedback regarding the quality and relevance of this training.

Staff commented:

- 'The induction training was very detailed. I was given a good grounding on the complex care needs of service users. The 'buddy' system was extremely helpful.'
- 'The training provided is specific and thorough.'

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with the agency's policy has been maintained. It was noted that the agency maintains robust systems to assess the competency of staff. Annual competency assessments viewed by the inspector included comprehensive written questions and a series of observations of practice by a manager. Staff described a thorough system of competency assessment, including a series of practice observations and assessments.

There was evidence of systems of informal supervision and consultation at all times from the manager or senior support worker, backed up by an area manager who has a working knowledge of the service and service users. An on call system ensures that staff can avail of management support 24 hours a day. The inspector received staff feedback which indicated that they are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) in accordance the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. The inspector received feedback from staff and examined documentation which indicated that safeguarding training provided by the agency includes the regional guidance. Staff informed the inspector that adult safeguarding training was included in their induction programme; this was confirmed by records reviewed by the inspector.

The inspector examined documentation relating to safeguarding referrals made to the HSC Trusts and discussed the agency's implementation of appropriate protection plans as agreed with the Trusts. Staff provided feedback regarding partnership working with the HSC Trusts, including amendment of plans and review of the process. Staff commented that they had felt listened to by HSC Trust professionals.

Assessments of need and risk assessments examined by the inspector reflect the views of service users and their representatives. Assessments of need and risk assessments are reflected in care and support plans and the “About me” documentation. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trusts.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users. It was evident from discussion with staff and review of records in respect of service users, that the agency is open to person centred positive risk taking and is able to work collaboratively with professionals to maximise independence of service users and manage potential risk.

Reports of review meetings with the HSC Trust, annually or as required, involving service users, family as appropriate, and agency staff, were present in service users’ files. Review reports included consideration of a range of matters including risk factors and management plans. The inspector noted that agency care and support plans had been updated to reflect changes agreed at review meetings with the HSC Trust. The inspector found that care and support plans are reviewed with service users on a regular basis, and that monthly reviews between service user and keyworker can highlight changes which result in amendments to care plans.

Of questionnaires returned by staff, all indicated they were ‘very satisfied’ or ‘satisfied’ that care was safe. The questionnaires returned by service users/relatives indicated they were ‘very satisfied’ or ‘satisfied’ that care was safe and protected from harm.

During the inspection the inspector was able to observe service users communicate effectively with staff whilst going about daily activities.

The inspector was able to speak to two service users who expressed their satisfaction with the service with the following comments:

- ‘I love living here, I have my own room. The staff are great.’
- ‘The staff do everything to help me enjoy a full life here. I live in a flat with others, one is my best friend.’

Inspector observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged the service user to make their own choices. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress.

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. The full nature and range of service provision is laid out in the Statement of Purpose and Service User Guide.

The inspector reviewed two service users' care and support plans and their individual financial files. The inspector was informed by staff that person centred care plans are developed with service users and their representatives in conjunction with relevant assessments provided by the HSC Trust multi-disciplinary team. Examination of these care and support plans indicated that information from HSC Trust assessments is incorporated accurately into care and support plans. Feedback received by the inspector from staff indicated that service users have a genuine influence on the content of their care plans.

Care and support plans reviewed by the inspector had a strong person centred focus, were up to date, and clearly detailed service users' needs and how they wished these to be met.

Service users, relatives and staff provided feedback to the inspector which indicated that the provision of care and support by the agency had resulted in positive outcomes for service users. Three service users' relatives described the positive value of the service users' involvement in a range of activities and interests which are facilitated by staff support.

Relatives' comments:

- 'The staff are all great. XXXX is very happy and I think her placement is perfect. There is a happy atmosphere with no tension.'
- 'The support staff are all very approachable. My relative's quality of life is brilliant compared to previously living in the family home. She has her choices met and is encouraged to develop skills that promote her independence.'
- 'Thanks to the staffs hard work, she has freedom and choices with safety built in.'

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.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Communications systems maintained by the agency provided evidence of effective communication with service users and their representatives, including a complaints and compliments process; tenant meetings; service user involvement meetings; quality monitoring reports; and monthly care plan reviews between keyworker and service user. Tenant meeting minutes reflected communication with service users on a range of issues, including planning day trips and agreeing indoor activities for the winter months.

During the inspection the inspector observed staff interactions with service users and noted that service users appeared to enjoy positive relationships with staff. In addition to formal methods,

discussion with service users, relatives and staff indicated that effective communication happens on a routine daily basis as staff interact with service users and make themselves available for discussion. Staff described how they have learnt to communicate effectively with service users who have particular communication needs. Relatives commented that they have good working relationships with staff, including appropriate communication.

The agency maintains communication systems to ensure that staffs receive information relevant to the care and support of service users. Staff described effective verbal and written communication systems within the agency at handovers. It was noted that staff meeting minutes recorded the discussion of information regarding service users and a range of relevant issues including guidance provided by HSC Trust professionals. Staff provided feedback to the inspector that they can contribute to the staff meeting agenda and feel that their views are heard.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with the HSC Trusts, and refers to or consults with a range of appropriate professionals when relevant. 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.

Of questionnaires returned by staff, all indicated they were 'very satisfied' or 'satisfied' that care was effective. The questionnaires returned by service users/relatives indicated they were 'very satisfied' or '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 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.

Discussion with staff and observation of their interactions with service users during the inspection showed that staff understand and respect the needs and wishes of the service users. The inspector observed that the language and behaviour of staff promoted the independence and choice of the service users throughout their interactions, for example one service user was preparing for a Christmas fair with staff support, and another service user was planning a trip abroad with family in December.

Feedback from staff indicated that they have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that staff have made particular efforts to facilitate service users to achieve goals, do activities of their choice, and purchase items they wished to obtain. During the inspection, staff facilitated the inspector in communication with some service users regarding their interests and preferences.

It was evident from discussion with service users, relatives and staff that the agency promotes the independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff

support. Throughout conversations with service users and relatives, the inspector found that they are involved in making plans for future activities such as holidays, leisure activities, and attending events.

The inspector noted that service users' care plans were person centred, 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 views of service users/relatives are recorded through the minutes of tenants' meetings. The inspector noted that the views of service users and service user involvement are included as standing agenda items in each service user meeting. Tenant meeting minutes recorded discussions on a range of matters, including decisions made by service users/relatives regarding day trips and indoor activities.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff. For example, service users' preferences of whether or not to meet the inspector were fully respected.

The inspector was provided with examples of information provided to service users, such as how to make a complaint, human rights information, and how to stay safe.

Compliments received from relatives during inspection provided confirmation in support of compassionate care:

- 'I think this is a fantastic place, I can visit my relative anytime and think she is lucky to have a place here. The support workers encourage xxxx to follow a healthy lifestyle.'
- 'The staff do a very good job. It can be difficult when xxxx does not cooperate with advice provided. She is happy so I am happy.'
- 'My relative is supported in everything. She can now socialise, enjoy church activities, chooses to get her hair set and nails done, which is great for us to see.'

Of questionnaires returned by staff, the majority indicated they were 'very satisfied' or 'satisfied' that care was compassionate. One staff questionnaire indicated he/she was 'unsatisfied' that care was compassionate and provided the following comment: 'The psychological, social and emotional needs of service users could be improved by the addition of a service users common room/shared space to potentially improve choices, social skills and relationships with other service users.' This matter was discussed with the agency as an area for future consideration. The questionnaires returned by service users/relatives indicated they were 'very satisfied' or '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?

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

Autism Initiatives NI have been implemented at the agency. The day to day operation of the agency is overseen by a manager who is supported by senior support workers and a team of support workers.

The management structure of the agency is clearly defined and was well understood by staff.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which includes appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and matters notifiable to RQIA; and service improvement strategies implemented by the senior management team.

The inspector reviewed a sample of 'service users' valuables checklists', where two staff check, verify and record the items held for safekeeping, and the entry is signed and dated by both staff. The agency had an arrangement to complete this process daily; however, records found two signatures had not been entered daily. The registered manager and area manager discussed this matter with the inspector and confirmed that their procedure had been revised in October 2016 to stipulate the timescale for 'service users' valuable checks' had been revised to three monthly.

The agency operates a robust training system and the organisation has a training coordinator, who develops the training plan and timetable for all grades of staff and is available for consultation with staff on training and safeguarding issues.

It was noted that senior managers available for consultation out of hours have a working knowledge of the service and are respected by staff. Feedback from staff indicated that they are confident that managers would listen and respond 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 on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily.

The agency maintains and implements a policy relating to complaints and compliments. The inspector noted six complaints were received during the reporting period of 1 April 2015 to inspection date 28 November 2016. The inspectors reviewed a sample of the complaints records which supported appropriate management, review and resolution of each complaint.

All of the service users and the relatives 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 interviews.

The agency maintains a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring reports which specifically ascertain and include the views of service users and their representatives. The inspector examined the report of the annual service user/representatives evaluation survey 2016, which reflected a high level of satisfaction regarding the care and support they receive and the manner in which staff treat them. This report was confirmed as appropriately detailed and had been shared with service users/relatives.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families, which are valued by staff. The inspector noted that the agency had received positive feedback through the quality

monitoring report from HSC Trust professionals regarding the ability of the agency staff to work in partnership to meet the needs of service users. It was evident to the inspector that effective partnership working with Trust professionals has resulted in positive outcomes for service users.

The inspector reviewed three compliments records received from other professionals which included:

- ‘Credit to the team for the good work and progress that has been done in the past two months in helping xxxx to settle in a new environment.’
- ‘I am very impressed with the positivity and commitment shown by staff. It is terrific what has been achieved so far.’
- ‘We recognise there are a lot of challenges at present, but the staff are doing a great job, and the support the service users receive is fantastic.’

Of questionnaires returned by staff, all indicated they were ‘very satisfied’ or ‘satisfied’ that the service was well led. The questionnaires returned by service users/relatives indicated they were ‘very satisfied’ or ‘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.



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