

# Announced Care Inspection Report 29 January 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**

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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

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 (SHSCT) (SEHSCT).

The service is managed by a team leader, senior support staff and support workers. Agency staff have an office base within the Central Promenade premises. Service users rent their apartments from Choice Housing Association with several of the 11 service users sharing their accommodation, while others live alone.

### 3.0 Service details

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

### 4.0 Inspection summary

An announced inspection took place on 29 January 2018 from 09.40 to 13.25 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 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.

### 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 Leanne Binks, the registered manager and with 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 28 November 2016

No further actions were required to be taken following the most recent inspection on 28 November 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 nine service users who live at Central Promenade and two relatives to obtain their views of the service. The UCO also spoke informally with three support staff and the registered manager, as well as observing interactions between the service users and staff on duty.

During the inspection the inspector spoke with two senior support workers 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 inspector 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. No staff feedback was received by RQIA.

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 of daily records
- Tenants meeting minutes
- One new staff members recruitment and induction records
- Two long term staffs' supervision and appraisal records
- Staff training records
- Team meeting records
- NISCC registration and renewal of registration processes
- Monthly monitoring reports for November and December 2017
- Annual quality report for 2017

- Communication records with other professionals
- Complaints records
- A range of notification and incident records
- A range of compliments records

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 28 November 2016

The most recent inspection of the agency was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 28 November 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 registered manager indicated that all pre-employment information has been satisfactorily completed and verified. The inspector found that staffing arrangements maximise the provision of familiar staff to service users.

The UCO was informed by the relatives and staff interviewed that there is a core staffing team at Central Promenade who have worked there for a period of time.

The staffs on duty were knowledgeable as to the level of support required by each service user. One service user demonstrated challenging behaviours during the UCO's visit and the staff were observed managing the service user's behaviour to ensure their safety.

Service users advised that they could speak to the staff or the registered manager if they had any complaints or concerns. It was clear from the UCO's observations that the staff and service users have developed a good relationship with each other. The relatives interviewed confirmed that they had no concerns regarding the service users' safety at the service.

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 inspector 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 inspector 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 staffs are registered as appropriate with the relevant regulatory body. The records confirmed all staff is registered with The Northern Ireland Social Care Council (NISCC). The registered manager discussed the system in place to identify when staffs 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 staff interviewed had a clear understanding of their roles and responsibility to identify and report actual or suspected abuse. The staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

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

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The two care and support plans reviewed by the inspector each 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.

The registered 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. The inspector 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 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.

The UCO was informed by the service users and relatives spoken with, that there is adequate staffing levels to provide the necessary care to the service users and support them with their activities. The majority of service users have lived at Central Promenade 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 and have open communication.

The service users meet with their key workers and co-workers regularly to discuss activities that service users would like to do and how staff can support the service user. Reviews also take place annually or more often if required. Two service users have been displaying challenging behaviours and the registered manager discussed the additional support being provided at this time. Examples of some of the comments made by the service users or relatives interviewed are listed below:

- "We're happy to live together. Get on well with the staff."
- "They (staff) treat me well."
- "I like living here."

Team meetings are held regularly; the inspector viewed minutes of November 2017 and January 2018 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 inspector 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
<b>Total number of areas for improvement</b>	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 service users live in two or three bedroom flats and the UCO noted that they had been personalised by the service users to their individual tastes. Two service users discussed with the UCO their upcoming plans to get their flat decorated.

Service users are given choice regarding their activities and meals; a number of the service users are currently being encouraged to take part in a healthy diet and exercise programme by the staff. Service users are involved in the decisions regarding their own lives as much as possible. One relative discussed with the UCO how the service user's quality of life has improved since moving into the service.

Below are a number of activities that the service users have carried out since living at Central Promenade:

- Swimming
- Walking
- Day care centres or work placements
- Horse riding
- Beauty treatments such as nails and hair
- Shopping
- Cooking and cleaning
- Concerts
- Listening to music
- Singing and dancing
- Visiting relatives and other service users

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

- "So long as XXX is happy, I'm happy."



- “There are wee things that go wrong occasionally but if I mention anything it is sorted.”
- “We look out for each other. Good friends.”

Tenants hold flat meetings regularly; the inspector viewed minutes of a variety of flat meetings held in November 2017 and January 2018. The minutes show that a range of topics and matters were discussed including plans for Christmas shopping, replacement kitchen table and chairs and slimming club timetable. Service users had fully participated in these meetings and were also provided with updated information and reminders.

Discussion with the senior support workers showed that they understand and respected the needs and wishes of service users. For example, service users were supported to prepare healthy meals of their choice, are encouraged to recycle household waste and the social activities they engaged in were very person-centred. One senior support worker described the job satisfaction of seeing a service user achieve their goal to visit family in England 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:

- “I am very happy with the care xxx receives in Central Promenade. The placement here has been very positive and xxx is very happy. Thank you to all the staff for their care and support.” (Verbal feedback from a service user’s relative during review meeting).
- “We found xxx flat and bedroom spotless, even though our visit was unplanned. We were very impressed. The new member of staff was lovely, and all the staff team are very good and attentive to xxx needs.” (Verbal compliment from relative and friends visiting a service user).
- “Well done to the staff team, they dealt with the challenging situation, out of hours, exactly in line with protocols, they were brilliant.” (Email from a senior manager on call).

**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
<b>Total number of areas for improvement</b>	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 registered manager, a team leader, senior support workers and a team of support workers. One of the staff interviewed indicated that the organisation have encouraged and supported her to undertake additional training. This had enhanced her skills and knowledge and helped her gain promotion to a senior support worker role.

Senior 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 inspector 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 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 inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards. The staff confirmed to the inspector 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 registered manager confirmed that the agency had received a range of complaints in the past year. A sample of three records viewed confirmed that each matter was appropriately managed and had been resolved. The staff training records viewed confirmed all staff had received update training on handling complaints during 2017. Staff members 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 high number of incidents notified to RQIA and these were confirmed as having been received in line with the required timescale. The registered manager discussed their on-going monitoring and review of service users challenging behaviours.

The inspector was satisfied that all appropriate measures are in place, in conjunction with other relevant professionals, to ensure the safety of all service users living at Central Promenade.

The inspector examined the annual quality report of service user/representatives/staff/other professionals satisfaction completed for 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 December 2017.

### 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
<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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