

Unannounced Care Inspection Report 19 March 2019



53 Ardglass Road

Type of Service: Domiciliary Care Agency

Address: Downpatrick, BT30 7PF

Tel No: 02844617110

Inspector: Michele Kelly

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

53 Ardglass Road, Downpatrick provides 24 hour domiciliary care supported living type service to 18 services users with mental illness who require support to live as independently as possible. The care and support is provided by a team of experienced staff led by Janet Wilson, acting manager. The agency provides services across four areas which can each accommodate between four and six people.

3.0 Service details

<p>Organisation/Registered Provider: South Eastern HSC Trust</p>	<p>Registered Manager: Mrs Janet Wilson (acting, no application)</p>
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Responsible Individual: Mr Hugh Henry McCaughey	
Person in charge at the time of inspection: Senior Support Worker (Bank). Acting Manager also attended for most of the inspection.	Date manager registered: (acting no application)

4.0 Inspection summary

An unannounced inspection took place on 19 March 2019 from 09:45 to 15.15 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.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

Evidence of good practice was found in relation to management responses to maintaining service quality and was supported through review of records at inspection and during feedback from service users, a relative and staff.

Service users and a relative consulted with by the inspector spoke highly of the service provided in regards to safe, effective, compassionate and well led care.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Janet Wilson, acting 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 16 March 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 March 2018.

5.0 How we inspect

Specific methods/processes used in this inspection include the following:

- discussion with the manager
- examination of records
- consultation with staff and service users
- evaluation and feedback

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA inspection report and the quality improvement plan (QIP)
- records of notifiable events.
- any correspondence received by RQIA since the previous inspection.

The following records were examined during the inspection:

- three service users' care and support plans
- care review records
- Health and Social Care Trust (HSCT) assessments of needs and risk assessments
- recording/evaluation of care records
- monthly quality monitoring reports
- staff meeting minutes
- tenant meeting minutes
- records relating to staff training, including induction training
- records relating to staff supervisions
- records relating to appraisals
- incident records
- recruitment policy
- complaints policy
- induction policy
- safeguarding adults in need of protection procedures
- whistleblowing policy
- Statement of Purpose
- Service User Guide

During the inspection the inspector met with four service users and four staff including the manager. Following the inspection the inspector spoke with a relative on the telephone.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The manager was asked to distribute 10 questionnaires to service users/family members. Six questionnaires were returned prior to the issue of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency’s registered premises. The poster invited staff to give their views, and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. One response was received prior to the issue of the 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, and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

An RQIA information leaflet ‘how can I raise a concern about an independent health and social care service’ was also provided to be displayed in the agency.

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 16 March 2018

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 16 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 9.5</p> <p>Stated: Second time</p>	<p>The registered person must ensure that policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p>This area for improvement relates to a number of policy and procedures reviewed during the inspection which have not been subject to systematic review by the agency.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The inspector viewed four policies and all had been reviewed within the last three years. The review of policies is undertaken by the Mental Health Clinical and Social Care Governance forum and ratified by the registered person.</p>	
<p>Area for improvement 2 Ref: Regulation 23 (1) (2) (3) Stated: First time</p>	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <ul style="list-style-type: none"> (a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding- <ul style="list-style-type: none"> (i) what services to offer them, and (ii) the manner in which such services are to be provided; and has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request. <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>This area for improvement relates to the absence of a number of monthly quality monitoring reports available for inspection.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The monthly quality monitoring reports were available for inspection and a review of records confirmed there had been regular monthly monitoring since March 2018.</p>	

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.

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency. The agency has a recruitment policy and a mechanism in place to ensure that appropriate staff pre-employment checks are completed and that these are satisfactory.

The inspector was informed by the service users that there is a core staffing team who have worked in the service for a period of time. It was felt that consistency in staffing is essential as it allows the service users to develop a good relationship with staff. Through discussions with the staff and service users it was evident that the staff on duty were very knowledgeable regarding each service user and the level of support required to ensure their safety.

The inspector was informed by the manager that there had been staffing issues in the recent past. The manager outlined measures in place to ensure staffing levels were appropriate which included the use of bank staff many of whom had previously held permanent employment within the agency.

All of the service users confirmed that they have a key worker with whom they meet regularly and can discuss any concerns and things they would like to do. Tenant meetings also take place giving service users an opportunity to raise any concerns. Service users confirmed that they knew who to speak with if they had any complaints.

The agency's induction procedures details the induction programme provided; it is in excess of the three day timescale as outlined within the domiciliary care agencies regulations. The manager discussed plans to enhance the induction procedure to include an induction workbook based on the Northern Ireland Social Care Council's (NISCC) Standards for care workers. This matter will be reviewed at the next inspection.

Examination of records indicated that a system to ensure that staff supervision and appraisal are planned in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training records which indicated that some staff required updating but that dates had been booked for the coming months. The inspector discussed this issue with the manager who outlined measures being taken to address this matter which included identifying individual staff training timetables, making these available to staff and monitoring attendance at training at least monthly.

The agency's provision for the welfare, care and protection of service users was examined by the inspector who viewed the procedures maintained by the agency in relation to the safeguarding of adults. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the

information relating to the regional guidance and is in accordance with legislation, DHSSPS guidance and regional protocols.

The person in charge 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.

Six returned questionnaires from service users indicated that they were satisfied that the service was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal and risk management.

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 responding to, assessing and appropriately meeting the needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

Records viewed during the inspection were noted to be well organised and retained securely in accordance with legislation, standards and the organisational policy.

The inspector was advised that there is a core staffing team who have worked in the service for a number of years. It was clear from discussions and observations that the carers have good knowledge of the service users and the level of help required.

Tenant meetings are held regularly so that service users can raise any matters concerning them and discuss activities that the service users would like to do as a group. The service users are given a choice to attend the meeting and service users told the inspector that they felt able to raise any concerns with staff or management.

Service users stated that staff supported them to contribute to their individual risk assessment and care planning processes. Staff record daily the care and support provided and annual reviews with multidisciplinary input were evident in service user files examined.

The person in charge confirmed that HSC Trust representatives were contactable when required, regarding service user matters, and evidence of these communications were evident during inspection.

Quality monitoring reports viewed indicated that the process is effective in identifying areas for improvement; an action plan is developed. Reports include comments from service users, staff, and HSC Trust representatives and where appropriate service user representatives. The reports provide details of the review of the previous action plan; review of any complaints, accidents, and incidents; including those reportable to RQIA. In addition safeguarding matters; restrictive practice; staffing arrangements, training, care records, medication and financial management arrangements are monitored as part of the process.

Six returned questionnaires from service users indicated that they were satisfied that the service was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

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.

It was noted that staff had received training relating to confidentiality and equality during their initial induction. Discussions with service users, a relative and staff, documentation viewed and observations made during the inspection indicated that the promotion of values such as dignity, equality, respect and choice were embedded in the ethos of the organisation. Service user care records viewed by the inspector contained information in relation to their individual needs, choices and preferences.

The staff members spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user's wishes, dignity and respect. They also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

There were discussions with the service users about their experiences of living in the service and the type of activities that they have experienced. It was evident that participation in activities in the local and wider community were encouraged, with appropriate staff support.

Service user comments:

- This is like my home.”
- “I absolutely love it.”
- Staff always seem to know what I want.”

Representative comments:

- “XXX has improved a lot since going to live there.”
- “Life is more normal, not as isolated.”
- “I was apprehensive at first but I see a big difference in XXX for the better.”

During the inspection the inspector observed interactions between the staff and service users who appeared relaxed and happy with the staff members who accompanied them.

Six returned questionnaires from service users indicated that they were satisfied that the service was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

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 Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained information in compliance with the relevant standards and regulations.

On the date of inspection the RQIA certificate was displayed appropriately and was reflective of the service provided. Under the direction of the acting manager, Mrs Janet Wilson, the agency provides domiciliary care/supported living to 17 adults living within 53 Ardglass Road.

The inspector was informed by the manager that arrangements were in place to ensure all staff were registered with the appropriate regulatory body. The inspector viewed NISCC and NMC confirmation records and noted that staff had renewed their registrations appropriately.

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 the community services manager who has a good working knowledge of the service. Feedback from all stakeholders is also included in monthly reports.

The inspector viewed 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 comprises of appropriate policies and procedures, regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA and service improvement strategies implemented by the senior management team.

Review of team meeting records indicated that team meetings had taken place and staff consulted with confirmed this.

Staff comments:

- "Service users' definitely have a good standard of living."
- "We have the time to make a difference in their lives."
- "We are managed really well, it is such a good team."
- "Manager is so approachable."

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. The manager could discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

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

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- individual risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the referral information received from the HSCT.

The agency maintains and implements a policy relating to complaints and compliments. On the day of the inspection it was noted that no complaints had been received since the previous inspection.

Six returned questionnaires from service users indicated that they were satisfied that the service was well led.

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 of improvement identified during this inspection and a QIP is not required or included as part of this inspection report.



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