

Unannounced Care Inspection Report 16 June 2016



53 Ardglass Road

Type of Service: Domiciliary Care Agency
Address: 53 Ardglass Road, Downpatrick BT30 7PF
Tel No: 028 4461 7110
Inspector: Michele Kelly

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of 53 Ardglass Road took place on 16 June 2016 from 09.30 to 15.45.

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

Is care safe?

During the inspection the agency was found to be competently delivering safe care. The agency could demonstrate how they work in partnership with service users to address their needs and develop their capacity for independence, as well as respect and act on people's wishes and choices. The agency maintains a stable provision of appropriately trained and supervised staff who understand the needs of service users.

The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. There are established systems of person centred assessment, and review of needs, wishes, and risks. The inspector found evidence of a range of positive outcomes for service users.

No areas for quality improvement were identified.

Is care effective?

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users are involved in the development of care and support plans which are reviewed regularly with HSC Trust professionals. The quality monitoring arrangements include consultations with service users/their representatives, and provide a system of audit and service improvement. They also include systems to benchmark the Recovery approach and monitor safety, quality and experience for service users. The agency maintains effective communication with service users, relatives and key stakeholders including the HSC Trust. The inspector received feedback from service users, relatives and an HSC Trust community professional, which indicated that service provision had resulted in positive outcomes for service users.

No areas for quality improvement were identified.

Is care compassionate?

During the inspection the agency was found to be competently delivering compassionate care. The inspector observed interactions between staff and service users, and received feedback from service users, relatives and an HSC Trust professional which indicated that the dignity and promotion of independence of service users are upheld through service delivery. The inspector received feedback from relatives that the agency's provision of a compassionate service has led to much improved outcomes in the lives of service users.

There was evidence of the agency's maintenance of systems to ascertain service users' wishes and feelings, and involve them in decision making.

No areas for quality improvement were identified.

Is the service well led?

During the inspection the agency was found to be competently delivering a well led service. The manager had supportive structures to guide staff. Information was systematically recorded and stored and easily accessible for staff, audit and inspection purposes. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. The registered person has operated the service in accordance with the regulatory framework and worked effectively with RQIA. There are effective working relationships with key stakeholders including service users, relatives and the HSC Trust.

One area for quality improvement was identified and refers to policies and procedures being reviewed three yearly.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 1 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ann Hanna, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

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| Registered organization/registered provider: 53 Ardglass Road/Hugh McCaughey | Registered manager: Ann Hanna |
| Person in charge of the agency at the time of inspection: Ann Hanna | Date manager registered: 3 October 2012. |

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2015/2016

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

- Discussion with the manager
- Consultation with three staff
- Examination of records
- File audits
- Evaluation and feedback

During the inspection the inspector met with the manager, three support workers and another professional within the multi-disciplinary team; following the inspection the inspector spoke to the relatives of two service users and a community professional.

During the inspection the inspector also spoke with three service users to obtain their views of the service. The service users' views are contained within the body of this report. Service users reported that they received assistance with the following:

- Management of medication
- Shopping
- Meals
- Maintaining mental health

The manager was provided with 10 questionnaires to distribute to randomly selected staff members and service users for their completion. Four completed staff questionnaires and two service user questionnaires were returned to RQIA. The content of these questionnaires are discussed in the main body of the report.

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review
- Schedule of staff supervision and appraisal dates
- Two induction records
- Complaint log
- Staff training schedule
- Staff duty rotas for June 2016
- Monthly monitoring reports for March to April 2016
- Minutes of staff meetings
- Minutes of tenant meetings
- Policies and procedures relating to: risk management, staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification and complaints
- Records of incidents reportable to RQIA in 2015/2016
- The agency's Statement of Purpose

4.0 The inspection

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 Ann Hanna, registered manager. The agency provides services across four areas which can accommodate between four and six people.

4.1 Review of requirements and recommendations from the last care inspection dated 30 June 2015

| Last care inspection statutory requirements | | Validation of compliance |
|--|--|--------------------------|
| <p>Requirement 1</p> <p>Ref: Regulation 23 (1)</p> <p>Stated: Second 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>The registered person must ensure that evaluations of any practices which are restrictive are included in the monthly monitoring reports.</p> | <p>Met</p> |
| | <p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed monthly monitoring reports for February, March and April 2016; a completed section for evaluation of practices which are restrictive was included in each report.</p> | |

| | | |
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| <p>Requirement 2</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: Second time</p> | <p>The registered person shall ensure that each employee of the agency –</p> <p>(a) Receives training and appraisal which are appropriate to the work he is to perform.</p> <p>The registered person must ensure that agency staff receive appropriate training to meet mandatory training requirements. This refers particularly but not exclusively to medication training and competency assessment of all staff.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed evidence that all staff have received training commensurate with mandatory requirements. Staff, including those professionally trained, have completed medication competency assessments.</p> | <p>Met</p> |
| <p>Requirement 3</p> <p>Ref: Regulation 16 (4)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that each employee receives appropriate supervision.</p> <p>This refers to providing staff with ‘regular’ supervision as stated in the agency policy relating to supervision for social care staff. According to good practice within the agency, this could include a one to one supervision, annual appraisal, annual medication competency assessment, and annual finance competency assessment.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed records which confirmed staff had received regular supervision in accordance with good practice. One staff member’s supervision was scheduled for completion in the week following the inspection and the inspector received email confirmation from the registered manager that this had taken place.</p> | <p>Met</p> |

| Last care inspection recommendations | | Validation of compliance |
|--|--|--------------------------|
| <p>Recommendation 1</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p> | <p>The registered person monitors the quality of services in accordance with the agency’s written procedures and completes a monitoring report on a monthly basis.</p> <p>This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>The registered person must ensure that reports are completed on a monthly basis, and include the views of relatives and professionals.</p> | <p>Met</p> |
| | <p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed monthly monitoring reports for February, March and April 2016 and noted that reports contain views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> | |

4.2 Is care safe?

A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be in compliance with related regulations and standards. A dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks.

Staff rotas and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the needs of service users at all times. Feedback from staff, the registered manager, and staff rotas indicated that vacant shifts are covered on the majority of occasions by the current staff team or by a small pool of bank staff. The staffing arrangements enable the agency to provide familiar staff to facilitate services to tenants. Records of training were reviewed by the inspector and it was noted that mandatory training and additional training which is beneficial to service users has been attended by staff. Most agency staff have received training in the mental health recovery model. In discussions with staff it was highlighted that support workers would benefit from extra training in meeting the needs of services users with severe and enduring mental illness. The inspector discussed matter with the registered manager who agreed this would be beneficial and that she would investigate appropriate training in this area.

Examination of records indicated that a system has been maintained to ensure that staff supervision and appraisals are planned and completed in accordance with the agency's policy.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The document guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 was available in the agency. Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter. Staff who provided feedback to the inspector had a good understanding of safeguarding issues and were clear regarding agency procedures. Records reviewed by the inspector indicated that the agency responds promptly and fully to all suspected, alleged or actual incidents of abuse.

The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response. The agency's whistleblowing policy and procedure was found to be satisfactory.

The inspector examined the agency's arrangements to identify and manage risk to service users. The agency operates a risk management strategy; records of risk assessments are completed with each service user, regularly evaluated and reviewed.

Discussion with the registered manager and examination of records indicated that some service users experience risk management in conjunction with the HSC Trust under Enhanced Care Planning arrangements. An HSC Trust professional provided positive feedback regarding the evaluation and review arrangements involving service users, their representatives, HSC Trust and agency staff. It was noted that the review arrangements with the HSC Trust multidisciplinary teams allow for flexible and regular review of service users as indicated by their level of need.

The agency's registered premises include an office and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Service users' comments

"Staff are very good, any problems Ann will sort it out".

Responses received in returned questionnaires from both service users and staff indicate a high level of satisfaction with this service.

Areas for improvement

One area for improvement was identified and involves the registered manager sourcing extra training for support workers in meeting the needs of services users with severe and enduring mental illness.

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| Number of requirements | 0 | Number of recommendations: | 0 |
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4.3 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. It was noted that the Statement of Purpose and Service User Guide provide a comprehensive overview of the full nature and range of current service provision and are provided to service users and/or their representatives.

The inspector reviewed a range of care plans which are provided to service users. Staff provided feedback about how care plans are developed alongside service users and/or their representatives, to fully incorporate the views and wishes of service users.

It was evident that staff have developed a good understanding of service users, which was reflected in the care plans and in the discussions they had with the inspector.

Monthly quality monitoring is undertaken by an area manager and 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, staff, relatives and HSC Trust professionals, and progress on improvement matters.

Complaints, quality monitoring reports, care records, and the service user evaluation survey provided evidence of how the agency maintains records of comments made by service users and/or their representatives. Minutes of service users' meetings documented communication between staff and service users, showing how service users have been involved in decision making processes. Feedback from service users, relatives and staff indicated that service users and relatives are aware of how to make a complaint and are confident they will be listened to and responded to by the registered manager.

The inspector received feedback which indicated that the agency maintains effective methods of relevant communication and partnership working with key stakeholders. An HSC Trust professional described the development of effective working relationships with the agency which have led to positive outcomes for service users.

Responses received in returned questionnaires from both service users and staff indicate a high level of satisfaction with this service.

Staff comments

- "I have never been happier to be at work; we have good professionally trained staff".

Service users' comments

- 'Couldn't get a better place to live.'
- 'The staff are very good.'

Areas for improvement

No areas for improvement were identified during the inspection.

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| Number of requirements | 0 | Number of recommendations: | 0 |
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4.4 Is care compassionate?

The staff spoken to on the day of inspection described to the inspector that values including privacy, dignity, independence and choice, form an important part of care provision. The inspector noted that staff discussed the importance of the ethos of supported living in respecting choices in the staff meeting of 7 May 2016.

The service users interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff. The inspector noted that service users were able to exercise choice regarding a range of daily decisions. Service users who spoke with the inspector valued their independence and the ability to take part in activities of their choosing in their home and the local community. The tenant meeting minutes viewed by the inspector reflected opinions being sought in respect of choices regarding outings. A tenant meeting of 7 May 2016 reminded service users that staff are available 24 hours a day if they needed support or just to talk.

On the day of inspection the inspector noted that service users were involved in a range of activities both within the agency and in the local community. The inspector viewed evidence of gardening initiatives by staff and service users including a polytunnel and raised beds made possible by support from local business. Other efforts to promote social inclusion were outlined by staff and relatives.

Service users informed the inspector that they felt that the staff are appropriately trained and knowledgeable regarding their care and support needs.

Formal processes to record and respond to the views of service users and relatives are maintained through the complaints and compliments process, quality monitoring, service user survey, and service users' meetings.

The agency maintains systems to evaluate the quality of service provided, in a manner which takes into account the views of service users and their representatives. The monthly quality monitoring reports and annual service user survey provide records of consultations with service users.

Responses received in returned questionnaires from both service users and staff indicate a high level of satisfaction with this service.

Staff comments

- 'I feel all the service users are very much treated with dignity and respect'.
- 'Privacy and dignity is a massive part of the ethos of care'.
- 'Extremely compassionate and respectful manager and staff'.

Service users' comments

- 'In the ward we just had a curtain; now we have an en-suite'.
- 'You couldn't get a better place to live'.

Relatives' comments

- '**** is very happy, calls it home, I am more than happy'.
- '**** has a measure of contentment for the first time in *** life'.
- 'Gentle guidance given when needed'.

Areas for improvement

No areas for improvement were identified during the inspection

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| Number of requirements | 0 | Number of recommendations: | 0 |
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4.5 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 the agency maintains a comprehensive range of policies and procedures; however, the inspector noted policies in relation to Complaints (April 2009), Recruitment and Selection (April 2011), Records Management Policy (December 2012), and Safeguarding Vulnerable Adults (January 2012) had not been reviewed within the last three years and a recommendation is made.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. This is most clearly demonstrated through changes maintained in training and supervision arrangements since the previous care inspection of 30 June 2015. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary (2015).

The management structure of the agency is clearly defined and was well understood by staff and service users. Staff who provided feedback to the inspector were informed of their responsibilities and understood their roles. There was evidence of regular and effective staff supervision and appraisal.

Staff commented that staffing was adequate with one member suggesting more senior cover would be helpful in the evening. Two questionnaires also highlighted this point. The manager confirmed that a Band 6 member of staff had been recruited and this should help address this issue.

The inspector examined other initiatives to drive quality improvement within the service including a Safety, Quality and Experience (SQE) Plan which targets areas such as self-medication, social inclusion and community living skills to improve the quality of life for service users. A Team Recovery Implementation Plan (TRIP) has also been used to benchmark progress made in the values associated with recovery focussed care.

Responses received in returned questionnaires from both service users and staff indicate a high level of satisfaction with this service.

Staff comments

- 'Our manager is very committed'.
- 'It is so lovely to work here'.
- 'Staff are treated good'.
- '53 Ardglass Road is managed to a very high standard, views of both service users and staff taken on board'.

Service user's comments

- 'Cannot praise Ann enough'.

Relative's comments

- 'Ann is very approachable, if something needs to be sorted it is'.

Areas for improvement

Areas for improvement have been identified during this inspection and refer to:

- Ensuring policies and procedures are reviewed three yearly.
- Reviewing senior staffing cover within the service.

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|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 1 |
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ann Hanna registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the (Insert Service Type). The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to agencies.team@rqia.org.uk for review by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

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| <p>Recommendation 1</p> <p>Ref: Standard 9.5</p> <p>Stated: First time</p> <p>To be completed by: 16 September 2016</p> | <p>Policies and procedures are subject to a systematic yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> |
| | <p>Response by registered provider detailing the actions taken:</p> <p>The Registered Manager will ensure all policies and procedures are reviewed on a yearly basis. The Manager will also make sure that all new policies and procedures are made available to staff, and are implemented as stated in the policy or procedure.</p> |

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



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