

Unannounced Care Inspection Report 16 March 2018



53 Ardglass Road

Type of Service: Domiciliary Care Agency
Address: 53 Ardglass Road, Downpatrick, BT30 7PF
Tel No: 02844617110
Inspector: Jim McBride

www.rgia.org.uk

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

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.

3.0 Service details

Organisation/Registered Provider: South Eastern Health & Social Care Trust	Registered Manager: Ann Hanna
Responsible Individual: Hugh McCaughey	
Person in charge at the time of inspection: Ann Hanna	Date manager registered: Ann Hanna - 03/10/2012

4.0 Inspection summary

An unannounced inspection took place on 16 March 2018 from 09.30 to 14.30.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

Evidence of good practice was found in relation to:

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as not met. Further areas for improvement have been identified.

A number of areas were identified for improvement and development:

- The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. The registered person must submit to RQIA on a monthly basis, reports of quality monitoring undertaken in accordance with Regulation 23(2) and (3).
- The registered person must ensure that all 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.

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	1	1

Details of the Quality Improvement Plan (QIP) 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.

4.2 Action/enforcement taken following the most recent care inspection dated 16 June 2016

Further actions were required to be taken following the most recent inspection on 16 June 2016. Please refer to the QIP following the inspection of the 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 user
- 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.

During the inspection the inspector met with one service user and four staff including the registered manager and her deputy.

Service user comments made during inspection:

- "It's a world of difference for me here."
- "I have my independence with the help of staff."
- "Staff understand me they help and support me well."
- "I have no concerns about living here. I'm safe and secure."
- "Staff listen to me and support me through difficult times."
- "Both the staff and manager are open to discussion at any time."
- "I really love it here and have built up a great rapport with staff."

Staff comments made during inspection:

- "The manager is excellent she is very supportive to the tenants and to the staff."
- "We support the tenants with their independence."
- "This is so different to the environments tenants have lived before."
- "Training and induction is important to staff, both are comprehensive and effective."

The following records were viewed during the inspection:

- service users' care records
- risk assessments
- tenants' meeting minutes
- staff meeting minutes
- staff induction records
- staff training records relating to:
 - medication
 - manual handling
 - managing service users monies
 - challenging behaviour
 - human rights
 - complaints
- records relating to staff supervision
- incident records
- staff rota information
- recruitment policy (2016)
- induction policy (2016)
- safeguarding policy (2017)
- statement of purpose (2018)
- service user guide (2017)

Questionnaires were provided by the inspector for completion during the inspection by service users; 10 service user questionnaires were returned to RQIA.

Comments:

- "I'm very happy."
- "I could not live in a better environment."
- "I feel happy and want to continue going out and about."
- "All staff are good to me, I'm very happy here in Ardglass road."

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report no staff questionnaires had been returned to RQIA via Survey Monkey.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 June 2016

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 Standard 9.5		Validation of compliance
Area for improvement 1 Ref: Standard 9.5 Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: The inspector reviewed a number of policies and found they were not in line with standard 9.5.No systematic review had been completed. This area for improvement has been restated.	

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.

During the inspection the inspector reviewed that agency's processes in place to avoid and prevent harm to service users; this included a review of staffing and management arrangements in place within the agency.

From discussions and observations it was clear that staff were knowledgeable about the level of support required by each service user to ensure their safety. Staff must be commended for their comprehensive knowledge of service users and their care and support needs. Service users meet regularly with the staff member designated as keyworker. There are regular house meetings to discuss tenant issues.

The agency's staff recruitment process is managed by the organisation's human resources department. The agency's selection and recruitment policy was examined and discussed during the inspection. The manager demonstrated her knowledge of the regulations and standards with regard to the required pre-employment checks. The compulsory registration with NISCC was discussed and the manager was knowledgeable about these requirements.

Discussions with the manager indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual service users. The agency's staff rota information viewed by the inspector reflected staffing levels as described by the manager; the inspector viewed rota information for weeks ending: 11/3/18, 16/3/18 and 25/3/18, the records in place were satisfactory.

The agency's policies and procedures in relation to safeguarding adults were reviewed. The 'Safeguarding' policy and procedure provided information and guidance in accordance with the required standards. The policy has been updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated adult safeguarding guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency has highlighted the identification and role of an Adult Safeguarding Champion.

The manager was knowledgeable regarding her and staffs' role and responsibilities with regard to safeguarding and stated that the agencies are working within the Health and Social Care Board 2015 guidelines.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. It was noted that service users are supported to participate in an annual review involving the SEHSCT keyworker if appropriate and that care and support plans are reviewed annually or as required.

The inspector viewed a range of documentation in place relating to individual service users it was evident that agency staff participated in the annual reviews. The inspector noted some of the comments made by service users during their annual review:

- "My health is very important to me here."
- "I'm happy with the support I get."
- "I'm happy here and get on well with staff."
- "I get good support."
- "I enjoy the level of independence."

Staff training records viewed for 2016-17 confirmed all staff had completed the required mandatory update training programme. Staff stated that they felt that their training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required.

The inspector viewed six individual staff records and noted that a record of staff supervision and appraisal is maintained by the agency; records viewed indicated that staff are provided with regular supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector could describe the benefits of individual supervision and appraisal. One staff member stated: *"My supervision is one to one and gives me the opportunity to discuss any concerns I may have."*

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.

Ten returned questionnaires from service users indicated that safe service meant:

- There is enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The agency’s arrangements for appropriately responding to and meeting the assessed 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.

The agency’s record keeping and records management policy outlines the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. The inspector noted that staff had received training relating to record keeping, confidentiality and data protection.

Staff could describe the methods used to ensure that service users are supported to be involved in the development of their care plans. The inspector viewed six service user files and noted that plans were person –centred and agreed by service users.

The agency’s systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Records confirmed that the HSC Trust multidisciplinary team collaborate with the staff team to ensure service users achieve appropriate care and support. Discussions with service user and staff, and observations of staff interaction during the inspection indicated that staff communicate sensitively with service users.

The service user who met with the inspector stated that that they are involved in the development of their individual care plan and that their choices are reflected. The service user stated: *“My care plan is in place and I have control over it if changes are made.”* During the inspection the inspector viewed a number of service user care records; it was noted that staff regularly record the care and support provided.

Areas of good practice

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

Ten returned questionnaires from service users indicated that effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations

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.

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care and support.

Staff spoken with during the inspection comprehensively described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect. Staff could describe examples of how they support service users to enable them to live a more fulfilling life. Staff also demonstrated a clear understanding regarding service user confidentiality in line with policy.

Observations made during the inspection and discussions with service users indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation.

The inspector viewed minutes of tenant house meetings which confirmed that service users are involved in decisions about social and daily activities and routines.

The inspector noted some of the areas discussed during tenant meetings:

- trips/activities
- meal choices
- tenants' rights
- human rights
- safety

- supporting people
- advocacy
- healthy lifestyle

The agency also facilitates staff meetings. The inspector noted some of the areas for discussion:

- respect and dignity
- human rights and choices
- NISCC
- areas for improvement
- RQIA
- rotas
- staffing changes

Areas of good practice

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

Ten returned questionnaires from service users indicated that compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector viewed the management arrangements and found there was a clear organisational structure. Mrs Ann Hanna registered manager leads a team of staff who are aware of their roles, responsibility and accountability.

The inspector examined the agency’s quality monitoring systems; quality monitoring reports for the period 2017/2018 and a number of reports were not available for review. This is an area for improvement and monthly quality monitoring reports are to be submitted to RQIA on a monthly basis until further notice.

The inspector noted some of the comments made by service users, relatives, staff and HSC Trust professionals on the reports that were available:

Service users:

- “I’m happy here.”
- “I have no concerns.”
- “Staff are very supportive.”
- “Staff are helpful and nice.”
- “I am well cared for here.”
- “I’m encouraged to be active by staff.”

Staff:

- “It’s good to see tenants improving their skills.”
- “Staff work at the tenants pace.”
- “A very high standard of care.”
- “Service users are supported to become more independent.”
- “Staff safely provide for the needs of tenants.”

Relatives:

- “** is much better settled.”
- “Staff are helpful and approachable.”
- “Staff are excellent.”
- “I can contact staff at any time.”
- “My*** has settled in well.”
- “Great staff you have here.”

HSC Trust professionals:

- “A very high standard of care.”
- “A great resource.”
- “No concerns.”
- “A very good standard of care is provided.”

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. The agency’s complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services. It was identified from records viewed that the agency has received no complaints since the previous inspection.

The policy and procedures which are maintained electronically were reviewed and contents discussed with the registered manager. Staff spoken with during inspection confirmed that they had access to the agency’s policies and procedures. However the inspector noted that a number of policies that were due to be reviewed had not yet been completed.

The registered person has been issued with an area for improvement for the second time in relation to this matter.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements, management of complaints and incidents.

Ten returned questionnaires from service users indicated that a well led service meant:

- You always know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service
- You know how to make a complaint.

Areas for improvement

The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. The registered person must submit to RQIA on a monthly basis, reports of quality monitoring undertaken in accordance with regulations.

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.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 agency. 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Standard 9.5</p> <p>Stated: Second time</p> <p>To be completed by: 1 June 2018</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>Response by registered person detailing the actions taken: All Mental Health Service Policies and Procedures are subeject to a systematic review through the the Mental Health Clinical & Social Care Governance Forum.</p> <p>In respect of those policies and procedures that have corporate application, the registered manager has identified the list of those documents that are out of date and require review and updating. This list has been highlighted to the Trust's Safe and Effective Care Department.</p>
<p>Area for improvement 1</p> <p>Ref: Regulation 23 (1) (2) (3)</p> <p>Stated: First time</p> <p>To be completed by: 1 April 2018</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 <p>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> <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</p>

	<p>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>Response by registered person detailing the actions taken:</p> <p>The monthly quality monitoring visits conducted by the service manager with responsibility for the Supported Living schemes are timetabled for a particular day each month in each of our facilities. Where problems arise in carrying out the visit on the designated day, the service manager will identify an alternative day or seek to engage another manager in the visit. Where making alternative arrangements is proving problematic, difficulties are escalated to the Community Mental Health Services Manager. Thereafter, the reports must be completed within five working days of each visit and a copy is forwarded and retained by the appropriate Supported Living facility. The Service Manager also furnishes the Community Mental Health Services Manager with a copy of the completed report. The reports pertaining to February-March and March-April 2018 have been submitted directly to RQIA.</p>



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