



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Granville**

**5 November 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 5 November 2015 from 10.30 to 15.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

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

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	2

The details of the QIP within this report were discussed with the person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Southern HSC Trust/Paula Mary Clarke	<b>Registered Manager:</b> Olive Hughes (Acting)
<b>Person in Charge of the Agency at the Time of Inspection:</b> Acting Assistant Manager	<b>Date Manager Registered:</b> 1 July 2015 (Acting)
<b>Number of Service Users in Receipt of a Service on the Day of Inspection:</b> 25	

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users**

**Theme 2: Service User Involvement - Service users are involved in the care they receive**

#### 4. Methods/Process

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

- Discussion with the person in charge
- Examination of records
- Consultation with service users/staff/relatives
- Evaluation and feedback

During the inspection the inspector met with two service users, two support staff and the person in charge; the inspector was invited to visit the home of a number of service users and observed staff providing care and support. Following the inspection the inspector spoke to the relative of one service user.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- Service user care and support plans
- Daily recording/evaluation of care records
- Monthly quality monitoring reports
- Minutes of weekly house meetings
- Minutes of staff meetings
- Staff training records
- Records relating to staff supervision and appraisal
- Staff induction records
- Complaints register
- Recruitment policy (July 2013)
- Supervision policy (2012)
- Disciplinary procedure (April 2015)
- Staff handbook (April 2011)
- Staff register/information
- Agency's staff rota information
- Whistleblowing policy(March 2015)

Staff questionnaires were completed by nine staff following the inspection; they indicated the following:

- Service users' views are taken into account in the way the service is delivered.
- Staff are satisfied that the induction programme prepared them for their role.
- Eight staff are satisfied that care is delivered in a person centred manner.
- Eight staff are satisfied that concerns raised are taken seriously and are aware of the agency's whistleblowing policy.

Nine service users completed a questionnaire following the inspection; they indicated that:

- Service users are satisfied with the care and support they receive.
- Service users are satisfied that they are consulted in relation to the quality of the service.
- Service users feel safe and staff respond to their needs.
- Service users are satisfied that staff have the skills to care for them.

A number of staff and service users indicated that they were unsatisfied that staffing levels were appropriate at all times. Staffing arrangements were discussed with the person in charge and the registered manager prior to issuing the report; they provided assurances that at all times there is an appropriate number of staff provided to meet the needs of individual service users. They could describe recent challenges in relation to staffing arrangements and the process of accessing additional staff and ensuring continuity of staff. It was noted that the agency is currently undertaking a recruitment process to provide additional staff.

The inspector would like to thank the service users, a relative and staff for their support and co-operation during the inspection.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 24 November 2014. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14.(b)(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;            (d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to the registered person ensuring that the agency's staff record their full signature on all service user care records and finance documentation.</p> <p><b>Action taken as confirmed during the inspection:</b>            It was identified from records viewed that agency staff are recording their full signature on service user records.</p>	<p><b>Met</b></p>

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 13. (b)</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(b) he has the experience and skills necessary for the work that he is to perform;</p> <p>This requirement relates to the registered person ensuring that relevant staff receive medication refresher training.</p> <p><b>Action taken as confirmed during the inspection:</b> Training records viewed indicated that staff have received medication refresher training.</p>	<p><b>Met</b></p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 23.-(1)(5)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained clearly records the views of service user representatives and relevant professionals.</p> <p><b>Action taken as confirmed during the inspection:</b> Quality monitoring records viewed recorded the views of service user representatives and where appropriate relevant professionals.</p>	<p><b>Met</b></p>
<p><b>Previous Inspection Recommendations</b></p>		<p><b>Validation of Compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 4.2</p>	<p>The agreement between the service user and the service provider specifies the terms and conditions of the service provision with reference to relevant policies.</p> <p>This recommendation relates to the service user guide detailing arrangements in place relating to the agency's office costs.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the service user guide and noted that it outlined arrangements in place relating to the agency's office costs.</p>	<p><b>Met</b></p>

### **5.3 Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users**

#### **Is Care Safe?**

The agency's recruitment policy outlines the mechanism used to ensure that appropriate pre-employment checks are completed; the person in charge stated that a record of checks completed is retained by the organisations Human Resources department. The agency maintains an alphabetical index of domiciliary care workers supplied by the agency. The person in charge could describe the process for ensuring that staff supplied are physically and mentally fit for the purposes of their job role; staff are required to complete an occupational health assessment prior to commencement of employment. The agency's absence management policy outlines the process for supporting staff to return to work.

Agency staff receive corporate induction and in addition induction in the homes of service users; it was noted that this lasts least three days. The person in charge stated that staff induction involved shadowing other staff members. Staff stated that they had received a structured induction programme; it was noted that induction records outline the content of induction provided. Staff are required to sign the induction record to indicate that they have received and understood the information provided. Agency staff are provided with a staff handbook and induction booklet, and have access to the agency's policies and procedures.

The agency has a process for ensuring that staff supplied have the appropriate knowledge, skills and training to fulfil the requirements of the role. The person in charge stated that the agency does not access staff from another domiciliary care agency; they stated that staff provided from the agency's bank list receive induction similar to those staff employed permanently.

The agency's policy and procedures for staff supervision and appraisal outline the processes to be followed. It was noted that they are required to be reviewed and updated to include detail of the frequency of supervision and appraisal. The agency maintains a matrix detailing when staff have received supervision and appraisal; it was viewed by the inspector and indicated that staff have received supervision and appraisal in accordance with the agency's policy and procedures. It was noted that the person completing the monthly quality monitoring visit monitors the agency's supervision and appraisal compliance with the policy.

#### **Is Care Effective?**

Discussions with the person in charge, staff and relatives indicated that an appropriate number of skilled and experienced persons are available at all times to meet the assessed needs of the service users. It was noted that staff rota information reflected staffing levels as described by the person in charge; rotas viewed for the forthcoming days had staff allocated to shifts as required. The person in charge discussed the processes for ensuring that at all times there is the appropriate number of staff available and that service users receive continuity of care; they described how recent staff changes had impacted on the numbers of staff available to meet the assessed needs of serviced users and the measures used to ensure that appropriate numbers of staff were provided at all times.

From records viewed it was identified that staff rota information detailed the full name and role of staff provided; however it was noted that the rota was completed in pencil and did not include

an abbreviation list. It is recommended that staff rota information is completed in ink and an abbreviation list included.

Staff stated that they are provided with a job description during their induction; they could describe their roles and responsibilities.

Staff stated that they had received an appropriate induction and could describe the content of the induction programme provided; and stated that they are required to complete competency assessments in a number of areas.

The agency has a process for recording the training provided to staff and for identifying when training is required; staff stated that individual training needs are discussed during supervision or appraisal and in addition they can approach their line manager at any time to discuss needs or concerns. From records viewed it was identified that a number of staff required moving and handling and infection control training updates.

It was identified from records viewed that staff required to provide supervision have received appropriate training. Staff stated that they receive quarterly supervision and annual appraisal; this was verified by records viewed. Staff are required to complete mandatory training and in addition training specific to the needs of individual service users.

Staff were aware of their responsibility in highlighting concerns and had knowledge of the agency's whistleblowing policy.

### **Is Care Compassionate?**

Staff stated that service users are introduced to new staff and have an identified keyworker; they stated that concerns raised by service users or their relatives in relation to staffing arrangements are discussed at tenant and staff meetings.

One service user stated that they are familiar with staff provided to support them and are introduced to new staff. The person in charge could describe the impact of staff changes on service users and the benefits in providing continuity of care and stated that the agency is currently in the process of recruiting additional staff.

Induction records viewed indicated that staff receive induction and ongoing training specific to the needs of service users. Staff stated that during induction they are supported to familiarise themselves with the needs of service users.

Staff could describe the importance of respecting the privacy and dignity of service users and the need to support service users to make choices about the care and support they receive.

The agency's disciplinary policy outlines the process for addressing unsatisfactory performance of staff.

### **Service User Comments:**

- "Staff are good."
- "I like living here."
- "Staff help me clean my room."

**Staff Comments:**

- “I receive supervision.”
- “I have no issues; it is great having a manager on the same site.”
- “The induction is good.”
- “I was involved in the resettlement programme; it is better but took a while to adapt.”
- “I can speak to the manager at any time.”
- “Training was adequate.”
- “There are enough staff but it can be challenging at times.”

**Relatives' Comments**

- “Staff are good.”
- “xxxx is well looked after.”
- “Staff are helpful; they keep me informed.”
- “I discuss issues with the staff.”

**Areas for Improvement**

There were three areas for improvement identified within Theme 1:

**Regulation 21(1)(a)**

The registered person is required to ensure that the agency's staff rota information is recorded in ink and includes an abbreviation list.

**Standard 13.2**

It is recommended that the agency's supervision and appraisal policy and procedures are reviewed and updated to include details of the frequency of supervision and staff appraisal.

**Standard 12.3**

It is recommended that outstanding moving and handling and infection control training updates are provided to staff.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>2</b>
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**5.4 Theme 2: Service User Involvement - Service users are involved in the care they receive****Is Care Safe?**

It was identified that the agency has a range of multi-disciplinary assessments for individual service users; assessments of need and risk assessments viewed reflected the views and choices of service users and their representatives were appropriate. Staff stated that service users and where appropriate their relatives are involved in the assessment of need and completion of their individual care and support plans. The agency retains a record that care plans have been read and explained to service users; it was noted that a number of care plans are provided in an easy read format to facilitate service users in having a clearer understanding of their needs and the care and support to be provided.



From discussions with staff and records viewed there was evidence of positive risk taking in collaboration with the service user and/or their representative. Staff stated that they complete a risk assessment in conjunction with service users and their relevant representatives; records viewed provided examples of positive risk taking. Staff could describe the benefits of positive risk taking and their role in supporting service users to live as full a life as possible.

### **Is Care Effective?**

It was identified that staff record daily the care provided to service users and develop a weekly plan in conjunction with service users; risk assessments and care and support plans are reviewed six monthly or as required. Care plans viewed are written in an individualised way and reflect the choices and routines of service users. Staff stated that service users are supported to participate in an annual review of their care and support involving the HSCT keyworker and that service users are supported to complete a proforma prior to the meeting.

The person in charge could describe the methods used to capture the views and opinions of service users and their representatives. The agency facilitates weekly house meetings; service users stated that they are encouraged to participate; it was noted that minutes of meetings are developed in an easy read format. The agency issues an annual survey to relatives of service users to ensure that they are given the opportunity to comment on the quality of the service provided. The person in charge stated that the agency plan to distribute a survey to service users and discussed the benefits of involving an independent advocate in this process.

The agency provides information relating to the agency's complaints procedure to service users and their relatives; a record of all compliments and complaints is maintained. Monthly quality monitoring visits are completed and documentation viewed indicates engagement with service users and their representatives.

Service users have been provided with human rights information in a suitable format and the service user guide details the process of accessing an independent advocacy service.

### **Is Care Compassionate?**

Service users live in shared accommodation discussions with staff, relatives and service users indicate that care is provided in an individualised manner. Care plans viewed are written in a person centred manner.

The person in charge could describe the process for engaging with service users and where appropriate their representatives. Staff stated that service users are encouraged to attend weekly house meetings and are given opportunity to express their views and make choices relating to the support they receive. One service user stated that they can speak to staff about their concerns at any time.

Promotion of values such as dignity, choice and respect were evident through discussion with staff, relatives and service users. Relevant reference to human rights was outlined in care plans viewed; it was noted that the agency provides service users with information on human rights in an easy read format.

Staff could describe the process of engaging with relevant HSCT representatives regarding best interest practices for service users where there are capacity issues.

### Service User Comments:

- “I like it here.”
- “I like going out shopping.”
- “Staff talk to me.”
- “Staff are good; I go out in the car.”

### Staff Comments:

- “Service users are supported to make their own choices.”
- “Staff try to promote choice every day.”
- “Staff promote the independence of service users.”
- “Service users are encouraged to attend the weekly house meeting.”

### Relatives' Comments:

- “This place is much better; xxxxx was bored in the last place.”
- “I have no concerns.”
- “xxxxx is given choice.”
- “I was sent a form to give my views on the service provided.”

### Areas for Improvement

There were no areas for improvement identified within Theme 2.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.5 Additional Areas Examined

### 5.5.1 Monthly Quality Monitoring

The inspector viewed the agency's quality monitoring records; it was identified that unannounced monthly quality monitoring visits are completed by the monitoring officer within the organization. Records viewed record the views of service users, their relatives and where appropriate relevant professionals. It was identified that the documentation contained information relating to incidents, safeguarding concerns, staffing issues, staff supervision and training needs and contained an action plan.

### 5.5.2 Complaints

The agency has had no complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the person in charge. The agency's complaints policy outlines the procedure in handling complaints.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with person in charge as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

### 6.2 Recommendations

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

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

**Requirement 1**

**Ref:** Regulation 21(1)(a)

**Stated:** First time

**To be Completed by:**  
5 January 2016

The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-  
(a) kept up to date, in good order and in a secure manner.

This requirement relates to the registered person ensuring that the agency's staff rota information is recorded in ink and includes an abbreviation list.

**Response by Registered Person(s) Detailing the Actions Taken:**  
This has been updated to reflect the requirement by recording in Ink and providing an abbreviation list on the duty rota

### Recommendations

**Recommendation 1**

**Ref:** Standard 13.2

**Stated:** First time

**To be Completed by:**  
05 February 2016

It is recommended that the agency's supervision and appraisal policy and procedures are reviewed and updated to include details of the frequency of supervision and staff appraisal.

**Response by Registered Person(s) Detailing the Actions Taken:**  
Staff will follow the current Trust Supervision Policy. However, this supervision policy is being reviewed.

**Recommendation 2**

**Ref:** Standard 12.3

**Stated:** First time

**To be Completed by:**  
05 February 2016

It is recommended that staff receive mandatory training.

This recommendation relates to outstanding moving and handling and infection control training updates required by staff.

**Response by Registered Person(s) Detailing the Actions Taken:**  
Staff who have not updated their training have now been booked or in the process of being booked on to moving and handling and infection control training.

<b>Registered Manager Completing QIP</b>	Olive Hughes	<b>Date Completed</b>	17/12/2015
<b>Registered Person Approving QIP</b>	Francis Rice	<b>Date Approved</b>	18/12/15
<b>RQIA Inspector Assessing Response</b>	Joanne faulkner	<b>Date Approved</b>	18/12/15

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**