

Inspection Report

6 January 2023



Granville

Type of service: Domiciliary Care Agency
Address: 9 Granville Park, Dungannon, BT70 1JT
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Southern Health and Social Care Trust (SHSCT)	Registered Manager: Mr Patrick Murtagh
Responsible Individual: Dr Maria O'Kane	Date registered: Registration pending
Person in charge at the time of inspection: Mr Patrick Murtagh	
Brief description of the accommodation/how the service operates: Granville is a domiciliary care agency (supported living type), which provides housing, care and support to 21 service users. The service users live in five bungalows, which are located on the same site as the registered office.	

2.0 Inspection summary

An unannounced inspection took place on 6 January 2023 between 9.30 a.m. and 2.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the progress made regarding the areas for improvement previously identified. We also reviewed the recommendations made following review of an adult safeguarding investigation, specifically focusing on the provision of activities within the agency.

Whilst there were improvements noted in relation to the governance and management arrangements, further improvements are required to ensure that the ethos of supported living is embedded into practice.

Areas for improvement identified related to the provision of therapeutic activities, the activities and social outing care plans and the auditing of care records. Support workers need to undertake training in relation to record keeping and must be able to articulate their role in relation to the provision of activities.

Granville uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?

- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Whilst the majority of service users responded on the questionnaires that they felt that the care and support was 'good' or 'excellent', there were mixed responses in relation to whether or not they felt there was always enough staff to help and keep them safe. Written comments included:

- "Staff shortages makes it difficult to provide the best quality of care"
- "Shortage of staff can mean (we) don't always get out and socialise in the community."

During the inspection we spoke with a number of service users and staff members.

Service users spoke positively in relation to how they felt they were supported. Comments received included:

- "It was a good move coming here."
- "They are good to me."

Staff consulted with also told us that they felt that staffing shortages impacted upon their ability to provide service users with planned activities. This was discussed with the management team and is further discussed in section 5.2.1.

No responses were received to the electronic survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

An inspection was undertaken on 27 April 2022 by a Finance Inspector. An area for improvement was identified. Whilst the Quality Improvement Plan was returned, RQIA is involved in ongoing communication with the SHSCT in this regard. Therefore, this area for improvement was not validated during this inspection and is carried forward for review at future inspection.

The last care inspection of the agency was undertaken on 9 September 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 9 September 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (a)(b) Stated: Third and Final time	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— (a) so as to ensure the safety and well-being of service users; (b) so as to safeguard service users against abuse or neglect;	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 16 (2)(a) Stated: Second time	The registered person shall ensure that all staff undertake training in keeping with the agency's policies and procedures; this relates particularly to, but is not limited to Adult Safeguarding training and training relating to the ethos of supported living.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 14 (b) & (d) Stated: First time	The registered person shall ensure that service users' finances and property are administered in a manner that does not result in any loss or disadvantage to the service user. A system should be implemented to ensure service users are not charged utility bills for premises occupied by Trust staff. RQIA should be informed of the arrangements for appropriate restitution to service users.	Carried forward to the next inspection

	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 4 Ref: Regulation 16 (2)(a) Stated: First time	The registered person shall develop and implement a system for ensuring staff receive appraisal in keeping with the agency's policy and procedure. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for improvement 1 Ref: Standard 12.4 Stated: Second time	The registered person shall ensure that all staff undertake training in relation to DoLS. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 2 Ref: Standard 12.4 Stated: Second time	The registered person shall ensure that all staff undertake training in relation to Dysphagia. There was evidence that this area for improvement was met.	Met
Area for improvement 3 Ref: Standard 12.4 Stated: First time	The registered person shall ensure that all staff undertake training in relation to First Aid. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 4 Ref: Standard 8.7 Stated: First time	The registered person shall ensure that the Statement of Purpose is updated to include RQIA's correct postal address; and contact details for the Patient Client Council; and the Northern Ireland Public Services Ombudsman.	Met

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
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5.2 Inspection findings

5.2.1 What are the arrangements to ensure therapeutic and positive approaches are used to support service users?

Whilst there was evidence the service users were consulted with regarding the activities they wished to participate in, the provision of activities and outings were not varied or person-centred. An area for improvement has been identified to ensure that the provision of activities for service users is reviewed and implemented.

Review of care records identified that the care plans relating to the provision of activities and social outings were not person centred or up to date. An area for improvement has been identified.

Review of care records also identified that a number of service users were prescribed medicine on an as needed basis, should they become distressed. Where such medicine had been given, there was equally no evidence within the care records as to any positive or therapeutic approaches that had been provided to the service users in attempt to prevent any distressed reactions. This was discussed with the management team. An area for improvement has been identified in relation to the auditing of care records. This requires the agency to develop an auditing tool, which focuses on the review of care plans relating to activities, the recording of activities within the daily notes, focusing particularly on the provision of therapeutic activities where service users are displaying distressed reactions.

As discussed in section 4.0, the staff consulted with told us that they felt that staffing shortages impacted upon their ability to provide service users with planned activities. Discussion with the manager and a review of the staffing rotas confirmed that there were sufficient staffing levels in place. Following discussion with staff we were not assured that they understood their role in the provision of therapeutic activities. This was disappointing given that all staff had undertaken in relation to the ethos of supported living. An area for improvement has been identified to ensure that the staff can articulate their role in relation to the provision of activities.

5.2.2 What are the arrangements to ensure robust managerial oversight and governance?

Review of training records identified that compliance with mandatory training requirements was being proactively managed. However, review of records identified that there was a need for staff to undertake training in relation to record keeping. An area for improvement has been identified.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately.

6.0 Quality Improvement Plan (QIP)/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 The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	4*	2

* the total number of areas for improvement includes one that has been carried forward for review at the next inspection.

The areas for improvement and details of the QIP were discussed with Patrick Murtagh, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 14 (b) & (d) Stated: First time To be completed by: 17 June 2022	The registered person shall ensure that service users' finances and property are administered in a manner that does not result in any loss or disadvantage to the service user. A system should be implemented to ensure service users are not charged utility bills for premises occupied by Trust staff. RQIA should be informed of the arrangements for appropriate restitution to service users.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Regulation 14(a) and (c) Stated: First time To be completed by: Immediate from the date of the inspection	The registered persons shall ensure that the provision of activities for service users is reviewed and implemented. Ref: 5.2.1
	Response by registered person detailing the actions taken: An Activities Co-ordinator has been employed in Granville, commencing post in November 2022. To better inform the development of therapeutic and recreational activities in Granville, both carers and tenants were invited to complete a satisfaction survey to ascertain their thoughts and wishes regarding activities in the service. This will assist with the

	<p>development of activities for service users and feedback is currently being reviewed by the Activities Co-ordinator. It is Granville's intention to revisit this survey in a year's time to gauge the impact the activities work and to continue meaningful engagement with future planning.</p> <p>As part of her role, the Activities Co-ordinator has sourced activities that will occur both in-house and community based settings for tenants creating structured activities and building on social outlets. Some examples of activities that have been attended to date include; Christmas Dinner in Armagh City Hotel, Christmas Carol service, Lexi the therapy dog, strictly dance active, weekly art therapy and FIT4U.</p> <p>The Activities Co-ordinator has recently been nominated for the The National Learning Disabilities Awards Northern Ireland 2023 - "Making a Difference Award" for the work being undertaken in Granville Manor which recognises the positive impact her role is having within Granville. She is the only HSC representative within this category.</p> <p>The Activities Co-ordinator actively seeks guidance and feedback of tenants when sourcing and facilitating activities to ensure that their preferences are taken on board. She completed an 'Activities Monitoring Reports (AMR)' for each session facilitated, these detail how tenants have responded to the activities and level of engagement. These observations aid in the further delivery of group activities as well as individual activity plans to promote the wellbeing of residents.</p> <p>'Weekly Tenant Activity' recording sheets focusing specifically on therapeutic activity for tenants have been implemented, and these recordings are audited monthly by the Activities Co-ordinator. These recording sheets provide an overview of the level of therapeutic activity taking place in Granville and ensures that all tenants are receiving the same opportunities to engage equally. These are used as a tool to identify what a tenant may/may not like, but also identify gaps for sourcing other alternative activities.</p> <p>Granville Manor will also benefit from a Lead Disability Nurse and a Senior Support Worker utilising Talking Mats to engage with tenants and ascertain likes, dislikes and wishes regarding activities. Once again creating activities co-produced by residents and staff within the facility.</p>
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<p>Area for improvement 3</p> <p>Ref: Regulation 15 (3)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered persons shall ensure that care plans for activities and social outings are person-centred and up to date.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Preparatory work has commenced regarding updating care plans for tenants. All care plans are being reviewed by the Management team, as discussed with Senior Support Workers during the Granville Management team meeting on 22.02.23, with a projected completion date of 26.04.23. Granville staff will liaise with Community Case Managers where appropriate to ensure the updating of Care Plans. This review will ensure that care plans are more person centred with specific detail relating to activities and social outings.</p> <p>To coincide with the review of care plans, staff will be supporting tenants to complete 'My Perfect Week' which will include activities and social outings that tenants enjoy, again this will better inform the individual preferences as well as group setting activities. To support the progressing of this work, a Quality Improvement approach will be used to utilise the skills of the Activities Co-Ordinator, Lead Disability Nurse and a Senior Support Worker "Talking Mats" to engage with tenants collaboratively to deliver the activities they would like and understand what works well and where could be improved together.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (a)(b)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered persons shall develop a system of auditing care records, specifically in relation to ensuring care plans on activities and social outings are person-centred and updated; the review of daily notes to ensure that the provision of activities is recorded; the auditing process should focus particularly on, but not exclusively, on the provision of therapeutic activities where service users are displaying distressed reactions.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: As part of the Activities Co-Ordinator role, she will complete monthly audits of both the 'Weekly Tenant Activity' recording sheets and 'Activities Monitoring' sheets to identify any areas for improvement and gaps in engagement. She will then present her findings (e.g) themes and patterns to the Registered Manager to then forward plan ways to address. Part of the audit will note presentation and behaviours of the tenants before, during and after activities, additionally noting staff feedback and datix if appropriate. This should then provide a managerial oversight to the work ensuring that all tenants are provided with</p>

	<p>equal opportunities to engage in activities and identifying when there are positive and distressed reactions to same.</p> <p>The recording of daily notes has been reviewed with guidance being provided to staff regarding the content and detail required for tenants. All staff in Granville will attend Report Writing and confidentiality training, with all staff expected to have this training completed by May 2023. Management will continue to review daily notes on a monthly basis, addressing any issues with staff to ensure best safe practice.</p> <p>The Supervision template has been revised to ensure that there are sufficient fixed items on the agenda for each supervision, for example, the auditing of care plans and review of daily notes are now fixed items on supervision agendas for Senior Support Workers and Support Workers respectively</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 Ref: Standard 12.9 Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that support workers are able to articulate their role in the provision of activities for service users.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The roles and responsibilities of support workers in the provision of activities is a set item on Management team meetings. This provides opportunity to discuss and explore the expectations of Senior Support Workers and Support Workers in Granville, including the provision of activities to tenants. Staff have completed the Supported Living Ethos training and strands of this will be revisited to compliment the new role of Activities Co-Ordinator, to empower staff to recognise their role with the provision of activities in a supported living environment.</p>
Area for improvement 2 Ref: Standard 12.4 Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that all staff undertake training in relation to record keeping.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: This training is being currently be rolled out to all staff in Granville Manor. Like all training, the Registered Manager will monitor compliance levels and take appropriate follow up action where necessary.</p>

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