

Unannounced Domiciliary Care Agency Inspection Report 6 May 2016



Granville

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Granville domiciliary care agency took place on 6 May 2016 from 10.30 to 13.00.

In light of information received by RQIA the inspection sought to assess that there are at all times an appropriate number of suitably skilled and experienced persons to meet the assessed needs of the service users.

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

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Gemma Cunningham, assistant manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation / registered person: Southern Health and Social Care Trust/Francis Rice (Registration pending)	Registered manager: Olive Hughes – application not yet submitted
Person in charge of the agency at the time of inspection: Gemma Cunningham	Date manager registered: Application not yet submitted

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

During the inspection the inspectors met with the assistant manager and visited three service users in their home.

The following records were viewed during the inspection:

- Care and support plans for four service users
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Staff training records
- Staff rota information

4.0 The inspection

An unannounced inspection was completed in response to information received by RQIA from the agency in relation to an incident involving one service user which has resulted in a Serious Adverse Incident investigation being commenced by the HSC Trust.

The inspectors would like to thank the deputy manager, service users and agency staff for their support and co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the last care inspection dated 5 November 2015

The most recent inspection of the agency was an unannounced care inspection dated 5 November 2015. The completed QIP was returned and approved by the care inspector.

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 21(1)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 5 January 2016</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner.</p> <p>This requirement relates to the registered person ensuring that the agency's staff rota information is recorded in ink and includes an abbreviation list.</p>	<p>Not assessed during this inspection</p>

	Action taken as confirmed during the inspection: Not assessed during this inspection	
Last care inspection recommendations		Validation of compliance
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.	Not assessed during this inspection
	Action taken as confirmed during the inspection: Not assessed during this inspection	
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.	Not assessed during this inspection
	Action taken as confirmed during the inspection: Not assessed during this inspection	

4.3 Inspection findings

Granville is a supported living type domiciliary care agency, situated in a residential area of Dungannon. The Southern Health & Social Care Trust, in partnership with Apex Housing Association, provides care and support to the service users. The service initially enabled 25 adults with a moderate/severe learning disability to move from Longstone Hospital into their own homes.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting independence and maximising quality of life. Agency staff are available to support tenants 24 hours per day.

During the inspection the inspectors reviewed the agency's staff training records in relation to swallow awareness training; from records viewed it was identified that staff had received relevant training and that the agency is currently in the process of providing training updates. The assistant manager stated that due to the needs of the service users the HSC Trust's speech and language therapists have regular contact with staff and service users.

It was identified from records viewed that the agency has in place risk assessments for individual service users in relation to eating and drinking; it was noted that where risks are identified there is in place speech and language swallow risk assessments. Care plans viewed

clearly outline any recommendations made in relation to eating and drinking. It was noted that swallow assessments are reviewed and updated six monthly or as required by the speech and language therapist. It was noted that recommendations made in relation to eating and drinking is provided in an easy read format to facilitate clear understanding by service users. The inspectors noted that consideration had been given to the individual choices of service users in adhering to the recommendations made and a risk assessment completed in relation to any outstanding risks; it was noted that this had been completed in conjunction with the service user and their representatives.

The inspectors viewed the agency's staff rota information and discussed staffing arrangements with the deputy manager. It was noted from information provided that the agency has in place sufficient staff to meet the assessed needs of service users; the assistant manager could describe the benefits of providing additional staff and the challenges in providing continuity of staff. It was noted that the agency endeavours to have one additional staff member daily to enable service users to be supported with individual activities and outings.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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No requirements or recommendations resulted from this inspection.

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 person/manager from their responsibility for maintaining compliance with the regulations and standards.



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