

Unannounced Care Inspection Report 13 April 2017



Granville

Type of Service: Domiciliary Care Agency
Address: 9 Granville Park, Dungannon BT70 1JT
Tel No: 02887727137
Inspector: Joanne Faulkner

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced care inspection of Granville took place on 13 April 2017 from 10.00 to 17.00.

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

Is care safe?

Indicators of the delivery of safe care were evident on inspection. The agency has in place effective recruitment systems and endeavours to ensure that there is at all times an appropriate number of suitably knowledgeable, skilled and experienced staff to meet the assessed needs of individual service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and collaborative working with Health and Social Care Trust (HSCT) representatives and relevant stakeholders. There are systems in place to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. Service users and relatives indicated that they felt care provided to them was safe. No areas for quality improvement were identified during this inspection.

Is care effective?

Indicators of the delivery of effective care were evident on inspection. It was identified that the agency responds appropriately to meet the needs of service users through the development and ongoing review of individualised care plans. The agency has implemented robust systems for review and monitoring of quality, providing ongoing assurance of continuous improvement of services in conjunction with service users and where appropriate, their representatives. There are systems in place to promote effective communication with service users and stakeholders. No areas for quality improvement were identified during this inspection.

Is care compassionate?

Delivery of compassionate care was evident on inspection. The inspector found that an ethos of dignity and respect and independence was embedded throughout staff attitudes and in the provision of individualised care and support. Observations made and discussion with staff, relatives and service users indicated that staff value and respect the views of service users. Service users and relatives stated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a more fulfilling life. No areas for quality improvement were identified during this inspection.

Is the service well led?

Indicators of the delivery of a well led service were evident on inspection. There are management and governance systems in place to meet the individual assessed needs of service users. Agency staff indicated that they have an understanding of their roles and responsibilities within the management structure. There is evidence that the registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. No areas for quality improvement were identified during this inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and 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 the person in charge 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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Southern HSC Trust/Francis Rice	Registered manager: Olive Hughes
Person in charge of the service at the time of inspection: Deputy manager	Date manager registered: 27/4/17

3.0 Methods/processes

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

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

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during and following the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Training and Development Policy
- Incident Policy
- Recruitment Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Data Protection Policy
- Complaints Procedure
- Statement of Purpose
- Service User Guide

During the inspection the inspector met with two service users, a relative, the person in charge and two staff members.

Questionnaires were distributed by the inspector for completion by staff and service users during the inspection; no questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and is reflected throughout this report.

4.0 The inspection

The inspector would like to thank the service users, a relative of one service user and staff for their feedback, support and co-operation throughout the inspection process.

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

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>Action taken as confirmed during the inspection: The inspector viewed the agency's staff rota information and noted that it is recorded initially in pencil; it was identified that when all changes have been made it is recorded in ink. It was noted that the rota includes an abbreviation list.</p>	Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be Completed by: 5 February 2016</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: The inspector viewed the agency's supervision and appraisal policy and procedures and noted they had been reviewed and updated to include details of the frequency of supervision and appraisal.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be Completed by: 5 February 2016</p>	<p>It is recommended that staff receive mandatory training.</p> <p>This recommendation relates to outstanding moving and handling and infection control training updates required by staff.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed the agency's staff training records and noted that staff have received appropriate mandatory training updates.</p>	Met

4.2 Is care safe?

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

The inspector noted that staff recruitment is processed by Business Services Organisation (BSO) on behalf of the Health and Social Care Trust (HSCT). The agency's recruitment policy outlines the mechanism for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The person in charge could describe the procedure for ensuring that staff are not provided for work until all checks have been satisfactorily completed and confirmation received; the inspector viewed documentation received by the agency confirming that staff are available for employment.

The agency's training and development policy outlines the induction programme lasting at least three days which is in accordance with the regulations; it was noted from records viewed and discussions with the person in charge that staff are required to complete the HSCT corporate induction programme, an induction workbook and shadow other staff employed by the agency. Staff are required to complete required mandatory training updates.

A record of the induction programme provided to staff is retained by the agency; records viewed by the inspector detail the information provided during the induction period. Staff who spoke to the inspector stated that they felt they had the knowledge and skills to fulfil the requirements of their individual job roles.

The inspector noted that relief staff are accessed from the HSCT bank list; the person in charge stated that the agency does not access staff from another domiciliary care agency. It was noted that relief staff provided are familiar with the needs of the service users; have worked in another of the HSCT facilities and are required to complete a structured induction.

The agency has a system in place for recording staff training; staff could describe the process for identifying gaps in training and ensuring that required training is completed. It was noted that staff are required to complete required mandatory training and in addition training specific to the needs of individual service users. The inspector viewed that agency's staff training matrix and noted that the agency maintains a record of training completed by staff. It was identified that the agency has a process for monitoring training and alerting staff when training updates are required.

Discussions with the person in charge 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 service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge. The person in charge discussed the challenges faced by the agency in relation to staff recruitment, retention and in ensuring continuity of care for service users.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. It was noted from information viewed that the agency maintains a record of individual staff supervision; group supervision and appraisal; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector confirmed that they had received supervision and appraisal and could describe the benefits.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation has updated their policy and procedures to reflect information contained within the policy. The agency has identified an Adult Safeguarding Champion (ASC); the person in charge stated that staff are required to complete updated training in relation to the updated policies and procedures.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the person in charge and records viewed it was identified that the agency maintains a record of referrals made to the HSCT safeguarding team in relation to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency acts in accordance with their policies and procedures when dealing with allegations of abuse.

Staff who spoke to the inspector demonstrated that they had a clear understanding of safeguarding issues and the process for reporting concerns. Staff had knowledge of the agency's whistleblowing policy. The inspector noted from training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition a two yearly update. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The inspector noted that the agency's operational procedures detailed the process for engaging service users in the completion of risk assessments and care plans. It was noted that service users have a review at least annually involving their HSCT community keyworker. The inspector viewed a number of risk assessments in place relating to individual service users; it was identified that the monthly governance arrangements include an audit of risk assessments and any practices deemed to be restrictive.

The agency's registered premises are located adjacent to the homes of the service users and are accessed by a separate entrance; the premises are suitable for the operation of the agency as described in the Statement of Purpose.

Service user comments

- 'I am doing the best; staff are good; I like them.'
- 'I am happy here.'
- 'Nothing worrying me at all.'
- 'Everything is ok.'
- 'I can choose what I want to eat; I don't help with the cooking but I put my plate in the dishwasher.'

Relative's comments

- 'Staff are very good; I know **** is safe here.'
- 'Staff are very approachable.'

Staff comments

- 'I feel that the service users' are safe.'

- 'I feel the move was challenging at the start; it has been a positive move for staff and tenants.'
- 'Staff work well together; we put the tenant's needs first.'
- 'Staffing levels are good.'
- 'Training is good; you are prompted to update it.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

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 data protection policy outlines the procedures for the creation, storage, retention and disposal of records. The inspector noted from records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy. It was noted that records are retained securely and that the agency's registered offices are accessed via a keypad system. The inspector noted that staff have received training relating to record keeping, confidentiality and data protection.

Service users and a relative who met with the inspector indicated that that they are encouraged to be involved in the development of their individual care plans. During the inspection the inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided.

Discussions with staff and records viewed indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users on a monthly basis. The inspector identified that monthly quality monitoring visits are completed by the HSCT's monitoring officer and a detailed action plan developed. Records viewed provide evidence of a robust quality monitoring system; they include comments made by service users, and where appropriate their representatives. The records include details of the review of accidents, incidents or safeguarding concerns and in addition audits of staffing, documentation and financial management arrangements are completed. The inspector noted that the process includes a review of any practices which may be deemed as restrictive.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users, a relative of one service user and staff, and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users and their relatives could describe the process for reporting issues or complaints.

The agency facilitates weekly service user meetings; service users who met with the inspector indicated that they are encouraged to attend and supported to express their views and choices. The service user guide includes details of advocacy services; the person in charge stated an advocate has been involved recently in a survey relating to the resettlement process.

The person in charge could describe a range of ways in which the agency seeks to maintain effective working relationships with the other HSCT representatives and stakeholders.

Service users' comments

- 'Staff look after my money; I can buy things in the shop.'
- 'I like it better here; I get out more.'
- 'I go out for a spin in the car; I go out for my dinner and my lunch.'

Relative's comments

- 'Staff help ***** to be independent.'
- 'Staff bring ***** out to my house.'

Staff comments

- 'We support service users to go out; go on holiday and learn new skills and to be more independent.'

Areas for improvement

No areas for improvement were identified during the inspection.

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

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.

Observations made during the inspection and discussions with service users, a relative and agency staff indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe examples of how they support service users to take positive risks to enable them to live a more fulfilling life. It was noted that staff have been provided with training and information in relation to human rights and confidentiality.

It was identified from observations of staff interactions with service users during the inspection that staff endeavour to provide care in an individualised manner. It was identified that the agency has provided a range of information in an alternative format to support service users to meaningfully engage in decisions about their individual care and support. Service users who spoke to the inspector stated that they are encouraged to be involved in making decisions regarding the care and support they receive. Records of service user meetings reflected the involvement of a number of service users and were noted to contain comments made by service users.

The inspector noted that comments made by service users and/or their representatives were recorded throughout a range of the agency's documentation. Processes to effectively engage and respond to the comments and views of service users and were appropriate representatives are maintained through the agency's complaints process; monthly quality monitoring visits;

annual review meetings; annual stakeholder and service user satisfaction surveys and tenants meetings. It was identified from records viewed that the agency's quality monitoring system assists them in evaluating the quality of the service provided and identifying areas for improvement.

Observations made by the inspector during the inspection indicated that service users are supported to make choices regarding their daily routine and activities.

Service users' comments

- 'Staff are good to me.'
- 'I talk to staff if I am worried about anything.'
- 'I like going to Sainsbury's to get Coke and Fanta.'
- 'I get on with the other people alright.'

Relative's comments

- 'I am satisfied with the care.'

Staff comments

- 'Service users have choice.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users.

It was identified that the agency has in place a range of policies and procedures as outlined within the minimum standards; they are retained in an electronic format, the person in charge stated that staff can access policies at all times. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales details within the minimum standards.

The inspector noted from records viewed and discussions with the person in charge that the agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy details the procedure for managing complaints; discussions with staff indicated that they have an understanding of the actions to be taken in the event of a complaint being received. Service users and a relative who spoke to the inspector could describe the process for making a complaint. It was identified from records viewed that the agency has received no complaints since the previous inspection.

There was evidence that the agency has in place management and governance systems to drive quality improvement; these include arrangements for monitoring incidents, accidents and complaints. During the inspection process the inspector viewed evidence of appropriate staff induction, training, supervision and appraisal. Staff could describe the benefits of reviewing the quality of the services provided and of identifying areas for improvement.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff could describe the responsibilities and requirements of their job roles; service users and a relative who met with the inspector were aware of staff roles and knew who to talk to if they had a concern. Staff stated that the manager and deputy manager are approachable and could describe the process for obtaining guidance and support including arrangements for out of hours.

The person in charge stated that staff are required to be registered with Northern Ireland Social Care Council or MNC are appropriate; it was noted that a record is maintained by the deputy manager detailing all registration details and reviewed monthly.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are currently being reviewed and updated to reflect accurate details of the registered person and senior management changes.

Relative's comments

- 'I speak to the manager or deputy if I need too; they are very helpful and caring.'

Staff comments

- 'The deputy manager is very good and supportive.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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