Inspection Report

16 October 2023

Granville

Type of service: Domiciliary Care Agency
Address: 9 Granville Park, Dungannon, BT70 1JT
Telephone number: 028 8772 7137

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Southern Health and Social Care Trust (SHSCT) **Responsible Individual:** Dr Maria O'Kane	**Registered Manager:** Ms Louise Davis **Date registered:** Acting manager
Person in charge at the time of inspection: Ms Louise Davis	
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

The SHSCT had arranged a meeting with RQIA on 17 April 2023 to discuss concerns relating to staff training, supervisions and appraisals, and to practices and cultures within the agency. This meeting was attended by Senior Management in the SHSCT who provided assurances that actions were being taken to address the concerns. It was agreed that regular meetings between the Trust and RQIA would be convened to share information about progress being made. RQIA made a decision to allow the SHSCT to embed the improvements into the service before an inspection would be undertaken.

An unannounced inspection took place on 16 October 2023 between 9.30 a.m. and 12.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training, supervision and appraisals and adult safeguarding arrangements. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management was also examined.

Good practice was identified in relation to ongoing care planning, quality monitoring, service user involvement and NISCC records.

From inspection findings and intelligence provided by the SHSCT, a number of areas for improvement were identified; these were in relation to current and ongoing safeguarding issues, staff training and staffing levels. These were discussed, both during and following the inspection, with senior staff from the SHSCT as part of the ongoing and continuing monitoring of the service, and are intended to ensure the needs of service users are being met in line with their assessed needs.

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 the 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.

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

4.0 What did people tell us about the service?

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

Comments received included:

Service user comments:

- "I have no complaints or concerns."
- "I have one to one support here."
- "Staff and managers are approachable."
- "It's good living here."

- “I have settled well.”
- “The staff provide all the care and support I need.”
- “Nothing is too much trouble.”
- “I’m treated with dignity and respect.”
- “I’m safe and secure.”
- “Staff are good listeners.”

Staff comments:

- “I’m aware of my responsibilities to NISCC as a care worker and adhere to their values standards and guidance.”
- “The manager has an open door policy.”
- “All my training is up to date.”
- “The service is very person centred.”
- “Staff communicate well with each other.”
- “I have one to one supervision that gives you the opportunity to discuss any concerns or worries.”
- “A good range of activities with service users.”
- “The induction is comprehensive and includes shadowing other staff.”
- “I respect my duty of care.”
- “No issues or concerns.”
- “The daily huddle is good for effective communication.”
- “Good on going learning.”
- “The current manager is very approachable and supportive.”

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?

Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- “Staff are trying their best and doing a good job.”
- “I like Granville, the place is dead on.”
- “I like my bedroom and the food.”
- “Allowing me space when I want to be on my own.”
- “They give me privacy when I want peace.”

One staff response was received prior to the issue of this report no comments were received.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 6 January 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 6 January 2023</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 14 (b) & (d)

Stated: First time

To be completed by:
17 June 2022</td><td>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.</td><td rowspan="2">Ongoing</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Action required to ensure compliance with this regulation was reviewed and discussed with the manager and now meets the regulation.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Regulation 14(a) and (c)

Stated: First time

To be completed by:
Immediate from the date of the inspection</td><td>The registered persons shall ensure that the provision of activities for service users is reviewed and implemented.

Ref: 5.2.1</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Action required to ensure compliance with this regulation was reviewed and discussed with</td></tr>
</table>

	the manager and now meets the regulation.	
Area for improvement 3 **Ref:** Regulation 15 (3)(c) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered persons shall ensure that care plans for activities and social outings are person-centred and up to date. Ref: 5.2.1	**Met**
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was reviewed and discussed with the manager and now meets the regulation.	
Area for improvement 4 **Ref:** Regulation 14 (a)(b)(c) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	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. Ref: 5.2.1	**Met**
	Response by registered person detailing the actions taken: Action required to ensure compliance with this regulation was reviewed and discussed with the manager and now meets the regulation.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 12.9 **Stated:** First time **To be completed by:**	The registered person shall ensure that support workers are able to articulate their role in the provision of activities for service users. Ref: 5.2.1	**Met**

Immediate from the date of the inspection	**Action taken as confirmed during the inspection**: Action required to ensure compliance with this standard was reviewed and discussed with the manager and now meets the standard.	
Area for improvement 2 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that all staff undertake training in relation to record keeping. Ref: 5.2.2	**Met**
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was reviewed and discussed with the manager and now meets the standard.	

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency's system for recording any referrals made in relation to adult safeguarding was not robust. It was noted through a review of records and discussion with the manager that there was a significant number of ongoing safeguarding investigations which has resulted in disciplinary procedures. This has been identified as an area for improvement.

The manager advised that no service users required their oral medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment

would be undertaken before staff undertook this task. Concerns were raised by the SHSCT that, on occasion, staff on night duty were not trained in the administration of medicines; in the event that a service user required medication during the night, there was a risk that medications could not be administered, thus potentially placing service users at risk of harm. This has been identified as an area for improvement.

We also noted the updated, comprehensive supervision record log for staff which has been introduced. This document must be highlighted as good practice as it was evident that staff benefited from this piece of ongoing management action.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff have completed DoLS training relevant to their job roles. The manager reported that a number of the current service users were subject to DoLS arrangements. The relevant documentation was reviewed and was satisfactory.

The SHSCT raised concerns regarding staffing levels within the agency due to high vacancy and sickness rates. The SHSCT is actively engaged in a recruitment and selection process. The SHSCT is also undertaking assessments of specific service users to ascertain if their needs are being met within the service, and reviewing the numbers of service users to ensure safe care is being provided and the needs of service users are being met. This has been identified as an area for improvement.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users and families had an input into devising the individual care plans. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Care plans promoted people's independence as far as possible. Staff were encouraged to prompt people to be independent to help them maintain control. Service users and families are involved in providing their feedback through regular reviews. This helps to ensure service users preferences and views were known.

It was also positive to note that the agency had service user meetings which supported the service users to discuss what they wanted to achieve from the service and any activities they would like to become involved in. The records show regularity and good open discussions. We noted some of the areas discussed:

- Choosing weekly menus
- Planning weekly activities
- Shopping lists

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

Two service users were assessed by SALT and the documents in place were satisfactory. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records identified no shortfalls in the recruitment process. Confirmation including criminal record checks (Access NI) were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

All records were in place were satisfactory in relation to the use of agency staff and included a comprehensive induction checklist where needed.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures.

There was a robust, structured induction programme which also included shadowing of a more experienced staff member. This was confirmed by staff during the inspection. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; the records included the names of those attending the training event, the dates of the training.

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

There were comprehensive monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements and activities.

Comments received during quality monitoring:

Service users:

- "I'm happy here, staff are great."
- "I like it here and going out walking."
- "It's nice and I like the staff."
- "Activities are good."

Staff:

- "I'm a team player and do whatever is required."
- "My induction was fine."
- "I enjoy supporting the tenants with activities."
- "I'm well supported and get regular supervision."

Relatives:

- "Care offered is second to none."
- "My relative is getting on well, there has been a great improvement."
- "I'm happy with the placement and only have praise for the care and support."
- "It's safe and secure for my relative's needs."

HSC Trust representatives:

- "I'm made feel welcome by managers and staff."
- "Some positive changes since new manager in post."
- "Staff are all very welcoming."
- "Staff have been very friendly and supported the residents."

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date.

We noted a new system in place whereby staff meet twice daily in a "Safety Huddle." This is an opportunity to discuss what has occurred each day and to update all staff on duty of plans for the day.

RQIA has been advised that the SHSCT contacts the agency twice daily to ensure there are safe staffing levels. The Head of Service is managing the agency's rota to ensure appropriately trained staff are present on every shift to ensure the safe and effective care of service users.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Records reviewed and discussion with the manager indicated that no complaints had been made since last inspection.

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.

	Regulations	Standards
Total number of Areas for Improvement	3	0

The areas for improvement and details of the QIP were discussed with manager and other SHSCT senior managers, 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(a)(b) **Stated:** First time	The registered provider must ensure that service users are protected from harm, every safeguarding incident is reported in a timely way and records pertaining to these are retained. Ref: 5.2.1
To be completed by: Immediately from the date of inspection and ongoing	**Response by registered person detailing the actions taken:** The Trust has Adult Safeguarding policies and procedures in place and the management and staff of Granville are required to adhere to these to safeguard and protect tenants. The Service has a named Adult Safeguarding Champion who is responsible for providing advice, support and guidance in relation to all safeguarding matters. All adult protection referrals (APP1s) raised by the service are discussed with the relevant Community Keyworker or Community Team Leader and screening outcome agreed. The Adult Protection Gateway Team can also be contacted for advice and guidance where necessary. The outcome of the screening is recorded in Section 2 of the APP1. All APP1s are transcribed into the electronic record system, PARIS. In addition an electronic copy of all APP1s are held by Granville ensuring they are easily accessible for viewing as needed. All incidents are reported through the Trust Datix Incident recording system. Incident reporters are prompted by the datix process to question whether adult safeguarding needs to be considered as part of the incident and asks whether an APP1 has been completed.

	Adult safeguarding is discussed twice daily at the safety huddles which are held at the beginning of each shift. The Mental Health and Disability Collective Leadership Team review Datix incidents on a weekly basis and highlight areas relating to Adult Safeguarding if not already considered. All Granville staff are required to undertake Adult Safeguarding Training and this is refreshed as per Trust mandatory training requirements.
Area for improvement 2 **Ref:** Regulation 16(1)(a) **Stated:** First time **To be completed by:** Immediately from the date of inspection and ongoing	The registered provider must ensure the service is safely staffed, with sufficient and appropriately trained staff on duty during each shift. Ref: 5.2.1
	Response by registered person detailing the actions taken: Due to significant staffing vacancies, despite repeated and multiple recruiement campaigns, safe staffing in Granville remains an area of concern for the Trust and additional measures have been put in place to maintain safe staffing levels within the service and escalate issues. A safe today/safe tomorrow approach has been put in place for the service. Each morning the person in charge reviews staffing to ensure there are safe staffing levels to meet the needs of the tenants across the next 24 hour period. This is reviewed throughout the day as necessary and prior to the commencement of the night shift to identify any changes to staffing levels. Where staffing concerns are raised due to staff absence or the changing needs of tenants the person in charge will take action to address the workforce need e.g. seek support across other services, seek cover through bank office, using manager / assistant managers to provide direct care and support. Granville is currently reliant on a high usage of bank and agency staff to maintain safe staffing levels due to workforce challenges. Staffing levels are based on assessed need of the tenants and may fluctuate as a result of reduced numbers in the service, increase in tenant care and support needs, escalation in tenant behaviours. The safe today/safe tomorrow approach is also used to ensure key duties and responsibilities are assigned to staff with the appropriate level of training and competency e.g. the administration of medication /fire officer /medication transcribing / finance. Safe today / safe tomorrow information is shared daily to Head of Service to ensure senior

	management oversight. Safety issues can be escalated to Assistant Director / Director as appropriate. In addition all staff on duty at the commencement of the shift will attend one of the daily safety huddles. The daily safety huddle is used to communicate information from one shift to the next and to plan for the shift ahead. Delegation of duties and tasks are communicated through the huddle and recorded on the huddle board as a reference point for all staff during the shift. There are processes in place to ensure staff who do not attend the huddle due to varing start times receive the information shared and are aware of the delegation of tasks made at the huddle. Staff training continues to be a challenge at Granville in some areas. Training is reviewed weekly by the management team and staff are advised if their training has expired or is due to expire. Staff are supported to undertake training and refresher training. Non compliance with mandatory and service specific training will result in escalation to Head of Service / Assistant Director as necessary with potential further action being taken.
Area for improvement 3 **Ref:** Regulation 16(2)(a) **Stated:** First time **To be completed by:** Immediately from the date of inspection and ongoing	The registered provider must ensure that all staff are trained in medicines management and that appropriately trained staff are available for every shift. Ref: 5.2.1
	Response by registered person detailing the actions taken: The safe administration of medication remains a significant area of concern due to the high number of medication errors within Granville Significant additional resources have been provided to Granville to support the service in this area of practice and to identify and share learning from incidents / audit / direct observations. All Granville staff (including the management team) are trained in medicines management. As per Trust policies and procedures all staff must undertake a competency assessment prior to being signed off to administer medication. At the daily safety huddle it is agreed which staff will administer the medication to each tenant in each house and who is the medication transcriber on each shift. These cannot be changed without discussion with and agreement by management. Rota management ensures there are sufficient trained staff on each shift to administer medication and transcribe where necessary.

	Weekly spot checks and monthly audits are undertaken as part of medication management governance processes. The service is receiving support from the LD Nurse Lead, Nurse Development Lead and Community LD Nurses to provide guidance and support in relation to the administration of medication. There is a focus on learning and support within the service. Reflective practice discussions are facilitated following medication incidents to enhance learning and reduce incidents.

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