



The Regulation and
Quality Improvement
Authority

SECONDARY INSPECTION

Inspection No: 20387
Establishment ID No: 12113
Name of Establishment: Granville
Date of Inspection: 20 August 2014
Inspector's Name: Audrey Murphy

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of agency:	Granville
Address:	9 Granville Park Dungannon BT70 1NJ
Telephone Number:	028 87727137
E mail Address:	hazeln.somerville@southerntrust.hscni.net
Registered Organisation / Registered Provider:	Southern HSC Trust Mrs Anne Mairead McAlinden
Registered Manager:	Mrs Hazel Norah Somerville
Person in charge of the agency at the time of inspection:	Patricia Murphy
Number of service users:	25
Date and type of previous inspection:	19 November 2013, follow up unannounced inspection
Date and time of inspection:	20 August 2014 18:45 – 22:00
Name of inspector:	Audrey Murphy

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

1.2 Methods/Process

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

- Discussion with agency staff during the inspection and with the registered manager following the inspection
- Examination of records
- File audit
- Evaluation and feedback

1.3 Inspection focus

The inspection was undertaken following RQIA's receipt of information from a SHSCT senior manager on 18 August 2014 in relation to an alleged incident that was reported to have occurred in the home of a service user.

The inspector has rated the service's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Granville is a supported living type domiciliary care agency which became registered with RQIA in June 2013.

The agency provides personal care and housing support to 25 individuals with a learning disability, all of whom moved to their address since June 2013. Service users rent their accommodation from Apex Housing Association and the Southern Health and Social Care Trust receive funding from the Northern Ireland Housing Executive's Supporting People programme in respect of the housing support provided to each individual.

The agency is managed by the registered manager, Mrs Hazel Somerville. A deputy manager and a range of senior support staff and support workers provide care and support to service users on a 24 hour basis.

Inspection Findings

The unannounced inspection was undertaken on 20 August 2014, 18:45 – 22:00. The inspection was undertaken following RQIA's receipt of information from a Trust senior manager on 18 August 2014 pertaining to an alleged incident which was reported to have occurred in a service user's home. RQIA were advised that agency staff had undertaken a care practice which was not in accordance with a service users' care plan and that this had resulted in the service user experiencing seclusion within their bedroom. On 18 August 2014, RQIA were advised by the registered manager that this matter had been referred to the Trust's adult safeguarding team and that the Trust had put in place a number of immediate protection arrangements. RQIA were also advised that the Trust investigation was underway and that agency staff were being interviewed by the Trust.

In light of the ongoing Trust investigation into the alleged events, the inspector did not discuss these concerns with agency staff during the inspection.

The inspection was undertaken at the agency's registered premises which is within the staff and administration building at the centre of the scheme. The inspector was greeted by a support worker and also met with three senior support staff individually during the inspection visit. The inspector requested that agency staff advise service users of the inspection visit and to offer them the opportunity to meet with the inspector. Agency staff reported to the inspector that service users did not wish to meet with the inspector during the inspection visit.

The inspector spoke with agency staff and examined a range of records maintained by the agency including the duty rota and the care records of three service users.

The inspector also requested the agency's training records however was advised by the staff on duty that these were not available for inspection. A requirement has been made with regard to the accessibility of these records and the registered person must ensure that training records are available for inspection at all times.

It was evident from speaking with agency staff that since moving to Granville, service users had been supported to experience a range of activities within the community. Staff also commented on the progress service users had made with regard to personalising their homes and engaging in activities of daily living with staff support. Service users were reported to be experiencing significant levels of independence, control and choice within their homes and overall staff reported that challenging behaviours had decreased.

The inspector reviewed the duty rotas and made enquiries from agency staff in relation to the numbers and skills of staff provided to work with service users.

The management input into the agency was not clear from the duty rotas and the inspector could not determine when the registered manager or deputy manager had been working or were scheduled to work. The registered person is required to ensure that the records pertaining to the supply of staff include the management staff.

All of the staff who met with the inspector advised that they felt that current staffing levels are adequate and that they would raise any concerns in relation to this with management. The staff described agency management as supportive and responsive and two staff described instances in which they had successfully engaged with management in relation to staffing.

All of the staff also confirmed that they were aware of the agency's Whistleblowing Policy and would not hesitate to raise concerns with management in relation to poor practice.

The care records of three service users were examined and contained frequent updates in relation to the service users' progress. The service users' needs assessments and care plans reflected consideration of the service users' human rights and outlined a range of supportive and person centred care practices.

One service user was noted to have experienced some deterioration in their physical health and agency staff had appropriately liaised with community and hospital medical staff in relation to this. The service user was also reported to have experienced an increase in their challenging behaviours and their care plan outlined a range of primary and secondary strategies in relation to this. However, it was not clear from the agency's records whether staff had been implementing these strategies when the service user was exhibiting unsettled behaviour. It is recommended that working practices are systematically audited to ensure that they are consistent with the agency's policies and procedures.

The administration of PRN medication to the service user was examined during the inspection and it was evident that this was included within the behaviour support section of their care plan. It was also evident that other primary and secondary strategies were to be implemented in advance of PRN administration.

It was concerning to note that the service user had been receiving PRN medication on a regular basis without any references within their care records to alternative strategies being implemented in the management of their challenging behaviour.

The registered person is required to ensure that the services provided are consistent with the service user's care plan and meets their needs.

The agency's procedures for the administration of PRN medication to this service user were discussed with the registered manager subsequent to the inspection visit. It was evident that the service user had been prescribed more than one type of PRN medication for behaviour management and that staff were responsible for deciding which was most appropriate in the circumstances.

The inspector raised concerns in relation to the lack of guidance for staff administering the PRN medications. The registered manager forwarded to RQIA on 2 September 2014 revised procedural documents. These documents were evaluated by a senior pharmacy inspector and the care inspector and require further development.

The registered person is required to ensure that guidance is developed for staff in relation to the administration of PRN medications for individual service users.

The arrangements in place for service users to secure their property and private accommodation were discussed. Agency staff who met with the inspector advised that some service users retain their door key and use this independently or with staff support to access and secure their accommodation. The inspector was advised that in some service users' homes, the bedroom door keys had been left in the lock. Agency staff could not provide a rationale for this and it was unclear whether service users had agreed to this practice. The registered person is required to review these arrangements and to ensure the safety and security of service users' property.

As stated earlier, it is recommended that working practices are systematically audited to ensure that they are consistent with the agency's policies and procedures.

Conclusion

The inspector identified a number of areas for quality improvement during this inspection. Since the inspection visit the inspector has liaised with the HSC Trust staff responsible for the investigation of the alleged incident that is reported to have occurred in the home of a service user. RQIA will continue to monitor the agency's compliance with the regulations and minimum standards and will participate, as appropriate, in the Trust's investigation of these matters.

Audrey Murphy
Senior Inspector

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Hazel Somerville, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

Where the inspection resulted in no recommendations or requirements being made the provider / manger is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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.

Enquiries relating to this report should be addressed to:

Audrey Murphy
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Secondary Inspection

Granville

20 August 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Hazel Somerville, registered manager after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	21 (1) (c)	<p>21.—(1) The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—</p> <p>(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <p>This requirement refers to the agency's training records.</p> <p>This requirement also refers to the inclusion of the management staff in the staff duty rotas.</p>	One	<p>Training records are kept in each individual house, & a hard copy will be kept in the managers office, arrangements are in place for these records to be made available when requested by RQIA inspector</p> <p>Names of management staff are now included in the staff duty rota.</p>	Immediate and ongoing
2.	15 (4)	<p>(4) The registered person shall, so far as is practicable, ensure that the prescribed services which the agency arranges to be provided to any service user meets the service user's needs specified in the service user plan prepared in respect of him.</p> <p>This requirement refers to implementation of the service users' care plan.</p>	One	all tenants support plans have been reviewed to meet the service users specific needs, support staff will deliver care/support accordingly	Immediate and ongoing

3.	15 (6) (b)	<p>(6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall—</p> <p>(b) specify the circumstances in which a domiciliary care worker may administer or assist in the administration of the service user’s medication, or any other tasks relating to the service user’s health care, and the procedures to be adopted in such circumstances;</p> <p>This requirement refers to the development of guidance for staff in relation to the administration of PRN medications to individuals.</p>	One	<p>guidelines for staff in relation to administration of PRN medication are now in place, & a PRN medication plan for each tenant have been developed. Systems are now in place for compliance to be monitored by management</p>	<p>One month from the date of the inspection, 17 September 2014</p>
4	14 (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>(d) so as to ensure the safety and security of service users’ property, including their homes;</p> <p>This requirement refers to the practice of service users’ door keys being kept in their doors.</p>	One	<p>This practise has now ceased</p>	<p>One month from the date of the inspection, 17 September 2014.</p>

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	8.10	It is recommended that working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.	One	Audits are in place & will continue as per trusts policies & procedures, records of same are maintained	Two months from the date of inspection – 15 October 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Hazel Somerville
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Miceal Crilly on behalf of Mairead McAlinden

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Audrey Murphy	29 September 2014
Further information requested from provider			