

Inspection Report

27 January 2022



Granville

Type of Service: Domiciliary Care Agency
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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 HSC Trust	Registered Manager: Miss Sarah McCartney
Responsible Individual: Mr Shane Devlin	Date registered: Acting Manager since 2 December 2021
Person in charge at the time of inspection: Miss Sarah McCartney	
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 25 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 care inspector undertook an announced inspection on 27 January 2022 between 9.45 a.m. and 2.30 p.m.

The inspection focused on the agency's governance and management arrangements as well as staff recruitment, staff registrations with the Northern Ireland Social Care Council (NISCC), Nursing and Midwifery Council (NMC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Although service users and relatives consulted with said that they were very satisfied with the standard of care and support provided, RQIA is not satisfied that the culture of the supported living service has been sufficiently addressed, to ensure the safety and well-being of service users and to safeguard them against abuse or neglect. An area for improvement previously made in this regard was not fully met and has been stated for the second time.

New areas for improvement identified in this inspection relate to staff inductions, training, medicines management and competency assessments.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the service users. Good practice was found in relation to the system in place for disseminating Covid-19 related information to staff. It was clear from speaking to the manager and a representative from senior management, that there is a desire to continually develop and improve the service.

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 guidance, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and Quality Improvement Plan (QIP), records of Notifiable incidents, written and verbal communication received since the last care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with the NISCC and the NMC were monitored by the agency.

During the inspection we discussed any complaints that had been received and any incidents that had occurred with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff, service users and their relatives to request feedback on the quality of service provided. This included questionnaires and an electronic survey to enable them to provide feedback to the RQIA.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Due to the risks associated with the Covid-19 pandemic, only one service user was spoken with. The service user spoken with indicated that they were very happy living in Granville Manor. They were noted to be relaxed and comfortable in their interactions with staff. Prior to the inspection we provided a number of easy read questionnaires for the service users to comment on the following areas of service quality:



- 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 that the care and support was excellent. No written comments were received.

Staff spoken with during the inspection indicated that they had no concerns regarding the care and support provided. The following comments were received:

Staff' comments

- “I can one hundred percent, hand on heart, say I have never seen anything of concern here. Everybody is treated with respect.”
- “They have been brilliant to me here, I have no concerns whatsoever,”
- “The support from other staff and management is very good. There is an open door policy, the tenants are well looked after.”

Relative's comments:

- “I have no concerns at all, I am very happy.”
- “I am very happy, very pleased. (My relative) is very happy and content. They are in touch with me all the time.”
- “I am happy, they are well looked after and I have no complaints.”
- “(Name) is getting on great, powerful. I have no complaints whatsoever.”

One visiting professional responded to the electronic survey. Comments received are detailed below:

- “I do not see tenants - only staff so it is impossible to comment about the care they receive. however I am always treated well as a visiting professional.”

Following the inspection, we spoke with a staff member, who raised concerns regarding a number of matters. Similar concerns were also raised in the electronic survey responses. The action taken by RQIA in response to these matters is detailed within the main body of the report.

5.0 The inspection

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

The last inspection of the agency was undertaken on 30 March 2021 by a care inspector. Following the inspection, RQIA invited the responsible individual to attend a serious concerns meeting. At the meeting the responsible individual outlined the actions taken and those planned to be taken, to address the concerns raised. RQIA was satisfied with the action plan provided. A Quality Improvement Plan was issued. The written response by the provider was approved by the care inspector and will be validated during this inspection.

Areas for improvement from the last inspection on 30 March 2021		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<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>(a) so as to ensure the safety and well-being of service users;</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>RQIA is to be provided with updates on a monthly basis, as agreed with the manager.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Whilst RQIA acknowledges that much had been done to address the concerns identified during the last inspection, we were not assured that the culture of the staff had been sufficiently changed. This area for improvement was not met and has been stated for the second time. Further details are provided in section 5.2.1.</p>		

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The Service Manager is working towards having all Band 5 staff competent at transcribing. Support is being provided to Granville from other facilities to achieve this target.

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's procedures reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to the role of the ASC and the process for reporting adult safeguarding concerns. However, following the inspection, we spoke with a staff member, who informed us of an incident which should have been referred to the ASGPT. RQIA are also aware that the staff had not recognised the need to raise concerns, where aspects of a service user's discharge care plan had not been implemented. An area for improvement previously made in this regard was not met and has been stated for the second time.

Review of staff training records identified a number of staff who had not completed training in relation to Adult Safeguarding. There was also a significant number of staff who had yet to undertake training in respect of the ethos of supported living. This is deemed significant, given the Trust's efforts to improve the culture within the service. People who receive a service need to know the staff looking after them have the right skills, knowledge and expertise to provide the right kind of support to them.

An area for improvement has been made in this regard.

Following the inspection and as part of the consultation process, we were also informed that competency assessments were not undertaken for all staff who transcribe medicines prescriptions to the medicine prescription forms. This had the potential for delays to occur in service users getting any new medicines in a timely manner. It was disappointing that this had not been identified by senior management, in their observations of practice standards. An area for improvement has been made in this regard.

Following the inspection and as part of the consultation process, we were informed that a number of staff had not undertaken inductions. We were also informed that where inductions had been undertaken with new staff, they had been completed by staff, who themselves had not received an induction. We followed this matter up with senior management, however we were not provided with the specific information required prior to the issue of this report. An area for improvement has been made in this regard.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. Review of the training records identified a number of staff who had yet to undertake the training. An area for improvement has been made in this regard.

The manager demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. Examination of service users care records confirmed that DoLS practices were embedded into practice with the appropriate recent documentation available for review.

In March 2021 RQIA wrote to all registered services requesting them to notify RQIA of any service users, who lack capacity in relation to their financial affairs, with monies in excess of £20,000. During the inspection, the manager advised that the agency did not manage individual monies belonging to the service users. However, following the inspection, the inspector spoke with a staff member who advised of a number of service users, who have in excess of this amount. RQIA raised this with HSCT senior management, who advised that work has commenced to identify those service users and that RQIA will be advised accordingly.

None of the service users were currently taking part in any research projects. Advice was given in relation to accessing the Department of Health Codes of Practice, as a resource for the staff.

Restrictive practices were reviewed and noted to be reviewed as part on the annual care review process, or more frequently if required.

5.2.2 Is there a system in place for identifying care partners who visit the service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that there were no restrictions on visiting service users unless in the event of a Covid-19 infection. The manager was familiar with the Care Partner approach should tighter visiting restrictions return in the future.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Discussion with the manager confirmed training in dysphagia was available on the online e-learning platform. A review of the training records identified that a number of staff had yet to undertake the training. An area for improvement has been identified in this regard.

A number of service users were identified as having swallowing difficulties and required their food to be of a specific consistency. Review of care records confirmed that the care plan reflected the details outlined in the Speech And Language Therapy (SALT) assessment.

5.2.4 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before support workers are supplied to work with the service users. Records viewed evidenced that the required checks had been completed for staff.

A review of the records confirmed that all support workers are appropriately registered with NISCC and the NMC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

5.2.5 Are there robust governance processes in place?

We looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. It was disappointing to note that the areas identified for improvement had not been identified during the monthly quality monitoring visits that are undertaken in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2005. Further to the area for improvement which has been stated for the second time, it was agreed that RQIA would be provided with updates on a quarterly basis, as agreed with senior management.

It was also agreed that RQIA would be informed of all adult safeguarding referrals, which involve staff.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs). Safeguarding incident records were reviewed and it was noted that they had been reported and managed appropriately.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

6.0 Conclusion

Based on the inspection findings, four areas for improvement were identified, relating to safe and effective care. These overlap on the staff's ability to provide compassionate care and on the leadership of the service. Details can be found in the Quality Improvement Plan included.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Domiciliary Care Agencies Minimum Standards, 2011.

	Regulations	Standards
Total number of Areas for Improvement	4*	2

* the total number of areas for improvement includes one that has been stated for a second time. Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Sarah McCartney, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (a)(b)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<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>(a) so as to ensure the safety and well-being of service users;</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>RQIA is to be provided with updates on a quarterly basis, as agreed with senior management.</p> <p>Ref: 5.1 and 5.2.1</p>
	<p>Response by registered person detailing the actions taken: RO'H, Head of Service has liaised with RQIA and agreed to provide quarterly update on the Granville quality improvement project.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>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.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: The Trust is in the process of implementing Health Roster across Granville and other Supported Living Facilities. Health Roster will maintain an accurate process of staff training. Monthly checks are being implemented to ensure robust management oversight of training, and relevant actions being followed up to ensure staff training is up to date. Staff training will be a standing item on the monthly Team meeting agenda and will be followed up in supervision on a 1:1 basis. The Monitoring Officer template is also being amended to include a review of the training matrix.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of</p>	<p>The registered person shall ensure that competency assessments are undertaken for all staff who are designated responsibility for transcribing medicines; and should ensure that sufficient numbers of competent staff are available at all times, to ensure that there is no delay to new medicines being started.</p> <p>Ref: 5.2.1</p>

the inspection	<p>Response by registered person detailing the actions taken:</p> <p>Since the inspection transcribing competency assessments have been completed with available Band 6 and 5 staff. There are sufficient numbers of competent staff on both day and night shift to ensure transcribing can be completed as required.</p> <p>Monthly checks by the Manager/Assistant Managers are commencing in April 2022 and will provide increased management oversight that staff are following the trust policies and procedures re transcribing and staff's competencies, as well as training for all staff to ensure competencies are updated in a timely manner.</p>
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<p>Area for improvement 4</p> <p>Ref: Regulation 16 (5)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that all staff receive induction, in keeping with the agency's policies and procedures.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: Induction Programmes for Band 3 and Band 5 staff have been updated and are currently being implemented for all new employees. Monthly induction meeting with a new employee is scheduled to ensure the employee is completing the induction programme within the agreed timeframe. Monthly checks by the Manager/Assistant Managers are being commenced in April 2022, and will also provide oversight of the induction programme that is being delivered to the new employee. All staff within Granville irrespective of length of service are to undergo the Induction Programme.</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 27 April 2022</p>	<p>The registered person shall ensure that all staff undertake training in relation to DoLS.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: DoLS training is captured on the staff spreadsheet. This will assist Management to identify staff that have not completed their training. It will also help to identify staff who require their refresher training. A plan will be implemented to ensure that all staff will have completed their DoLS training by the 27th April 2022.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that all staff undertake training in relation to Dysphagia.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: The Manager/Assistant Managers have identified all staff that require dysphagia training and advised these staff that their dysphagia e-learning training needs to be completed as a matter of urgency. The Manager/Assistant Manager will support staff to prioritise the completion of this training by end of April 2022.</p>

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