

Unannounced Care Inspection Report

30 April 2019



Granville

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

www.rqia.org.uk

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Granville is a domiciliary care agency (supported living type), situated in a residential area of Dungannon. The Southern Health and Social Care Trust (HSCT), in partnership with Apex Housing Association, provides housing, care and support to 25 service users.

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

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust	Registered Manager: Gemma Cunningham (Acting)
Responsible Individual(s): Mr Shane Devlin (registration pending)	
Person in charge at the time of inspection: Assistant manager	Date manager registered: Not applicable

4.0 Inspection summary

An unannounced inspection took place on 11 April 2019 from 09.30 to 16.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, we have duties 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, RQIA 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 choices and freedoms associated with any person living in their own home.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. The care records were well maintained and there was evidence of good communication with relevant stakeholders. Care and support was provided in an individualised manner. The agency promoted the involvement of service users, particularly in relation to promoting social inclusion. There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident throughout the inspection that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of restrictive practices, liberty, security, consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement. The care plans were developed in consideration of all aspects of the service users' human rights.

No areas for improvement were identified during this inspection.

Staff interactions observed by the inspector were noted to be very warm and caring. Service users consulted with also spoke positively in relation to the care and support they received.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the assistant manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 14 June 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 June 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- all correspondence received by RQIA since the previous inspection

A range of documents policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received.

Questionnaires were also provided for distribution to the service users and their representatives; five were returned within the timescale for inclusion in this report.

The inspector spoke with three service users, four staff members and two relatives. Comments received are included within the body of the report.

6.0 The inspection

6.1 Review of areas for improvement from the last unannounced care inspection dated 14 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13(d) Schedule 3 Stated: First time	The registered person shall ensure that no domiciliary worker is supplied by an agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.	Met
	Action taken as confirmed during the inspection: Discussion with the person in charge and a review of records confirmed that this had been addressed.	
Area for improvement 2 Ref: Regulation 21(1)(a) Schedule 4 Stated: First time	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are- (a) kept up to date, in good order and in a secure manner	Met
	Action taken as confirmed during the inspection: This relates specifically to the details of each supply of a domiciliary care worker to a service user. A review of the staff roster confirmed that it was maintained appropriately.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

The agency's staff recruitment processes were noted to be coordinated by the Business Support Organisation (BSO); the inspector viewed information forwarded to the manager prior to a staff member commencing employment confirming that all required checks had been completed. It was noted that permanent staff take on additional shifts, if required, to ensure that there are always staff on duty who the service users are familiar with. Staffing levels were consistently maintained and there were no concerns raised with the inspector in relation to the service users' needs not being met.

New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The induction period was noted to exceed the timescales outlined within the Regulations.

There was a rolling programme of training, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes. It was noted that additional training had been provided to staff in areas such as human rights, equality, confidentiality, data protection and effective communication skills specifically for people with autism. A poster was displayed in the training file, in relation to the new International Dysphagia Diet Standardisation Initiative (IDDSI). All staff consulted with spoke positively in relation to the training and the support they received.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records confirmed that any potential safeguarding incidents had been managed appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that there was an identified person within the organisation who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. Discussion with staff confirmed that they were they were aware of what action to take if they had concerns about a person being abused. A flow chart was also displayed in the office, which guided staff on the actions to take in relation to reporting abuse, and abuse specifically in relation to service users' monies. It was noted that safeguarding had been discussed at staff meetings, which included discussions around safeguarding incidents that had occurred in other healthcare facilities. This is good practice and is commended.

Accidents and incidents which occurred within the agency were monitored by the management team as part of their quality monitoring processes.

Discussion took place in relation to implementing arrangements for managing non-injurious accidents which may occur and the person in charge advised that all staff had been trained in relation to moving and handling; a hoist was available within the building.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. There was some evidence of positive risk taking in collaboration with the service users and/or their representative, the agency and the HSC trust. Discussion with the manager and HSC trust representatives identified that the staff had achieved an appropriate balance between promoting autonomy and maintaining safety. The review of the care records and discussion with staff gave provided examples of how the supported living approach to care delivery resulted in positive outcomes for the service users. There was also evidence that the service users choices in relation to aspects maintaining their own safety were respected. This is good practice and is commended.

A review of the records confirmed that restrictive practices were reviewed on a regular basis and were overseen by the manager, as part of the agency's governance audits. Any restrictive practices used, were considered and agreed in conjunction with the service users and their relevant representatives. It was noted that restrictive practices and best interest decision making meetings had been discussed during the staff meetings. Examples of types of unintentional seclusion practices were discussed. This was deemed by the inspector to be good practice because it raised an awareness of unintentional ways in which service users could be isolated. This is good practice and is commended.

Care records and information related to service users were stored securely and accessible by staff when needed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for responding appropriately to and meeting the assessed needs of service users were examined during the inspection.

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner.

The care records evidenced referral information, risk assessments, care plans and annual care reviews with the relevant Trust representative.

Care plans were noted to be comprehensive and person-centred while clearly and concisely describing service users' needs. It was noted that the care plans were developed in consideration of the service users' human rights. It was also clearly reflected within the care plans reviewed that people with disabilities should be afforded the same human rights as other members of society and that they should be empowered to exercise their rights.

A health and wellbeing Improvement plan had also been developed for one service user, to encourage healthier lifestyle choices.

There was a process in place whereby the staff signed the care plan, to evidence that they had read it. A number of service users were unable to understand written information in their care record due to their individual needs. For these service users, the staff had used the Speech and Language Therapy Guide to Support Plans for People with a Disability, to evidence that they had read and explained the care plans to them.

Care review records were reviewed and it was noted that follow up action had been taken in response to identified actions.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders.

Information relating to how staff could best support the individual service in communicating their needs was present within the care records. The review of the care records also identified that a Disability Distress Assessment Tool (DisDat) was in place for all service users; this helped staff to identify distress cues in people who have severely limited communication abilities. This tool was designed to identify usual cues, thus enabling distress cues to be identified more clearly. This is good practice and is commended.

Service user and staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, relatives, staff and where provided, HSC Trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records, particularly in relation to the human rights focus, which underpinned the care plans. There was evidence of the agency's engagement with the service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The agency's Vision for Supported Living was displayed in the office and in each individual house; this outlined the values of fairness, respect, equality and dignity and included the agency's commitment to:

- empowering service users to live independently
- encouraging service users to communicate how they would like to be supported
- fully involving service users in the local community
- supporting service users to make informed decisions about their lives
- maximising service users' strengths
- respecting the different needs and abilities of each individual.

The review of the care records also noted that the service users' rights to liberty, security and privacy were considered; this include the provision of direct and proximal supervision which could impinge on the service users' rights to privacy.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on equality.

Discussions with the service users, staff and the person in charge provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

Some of the other areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- individualised person-centred care
- individualised risk assessments
- disability awareness.

A number of records were available in easy read format to ensure that service users who had difficulty communicating could better understand information about their care. These included the person-centred review, the complaints procedure, the service user guide, transport agreements, the care and support agreements, epilepsy management

plans and consent for staff to check on service users through the night, if required. NICE Guidelines were also available in easy read format, which provided advice for service users on what good support meant.

It was good to note that agency staff were promoting the autonomy of service users. Staff spoken with were aware of issues relating to consent. It was noted that consent had been sought from all service users, in relation to the care and support provided.

Records of service user meetings indicated the agency's systems for regularly engaging with service users and where appropriate relevant stakeholders. Service users were involved in making decisions about their daily activities. This included how they wanted to plan their week, choosing this week's menu, the groceries they wanted to buy and the community activities they wished to become involved in. Service users were consulted with in relation to communal purchases required for the individual houses, their views were sought and they were informed about the possible costs incurred by them. One staff member spoke confidently in relation to providing service users with choices in their everyday life and the importance placed on not making assumptions about the service users ability to make choices because of communication difficulties. This supported the ethos of autonomy that was central to the care and support provided by the agency.

Best interest's decision making meetings were held, where appropriate and it was noted that these were discussed at staff meetings and staff were encouraged to read them and that this would be monitored during staff supervisions. Advocacy services were involved in these processes and were used on a regular basis to help service users make decisions.

It was noted that the importance of social inclusion had been discussed during staff meetings. Participation in activities in the local and wider community were encouraged, with appropriate staff support. There was evidence that the service users had attended the Lough Neagh Discovery Centre, the Ulster American Folk Park and a day trip had taken place where one of the service users went to Portrush.

Service users' views were taken into account and included in the annual quality review processes. The inspector was advised that independent advocates were used to assist the service users in completing the questionnaires. Feedback received from service users' representatives identified that they had commented positively in relation to the quality of the care and support provided.

The inspector spoke with three service users, four staff members and two relatives. Some comments received are detailed below:

Staff

- "I am very happy here, we look at what the service users can do, rather than what they can't do."
- "I have no concerns."
- "Everything is fine, I have no concerns."
- "Happy enough."

Trust representative

- “I am happy with the care provided, no concerns.”

Service users’ representatives

- “I am happy enough with the way things are going.”
- “I’m fine about it.”

Service users

- “Settling in the best.”
- “Getting on alright.”

Staff interactions observed by the inspector were noted to be very warm and caring. It was noted that sweet treats that had been brought in to celebrate a staff members’ birthday, were being shared with the service users.

The returned questionnaires from service users indicated that that they were ‘very satisfied’ that the care was safe, effective and compassionate; and that the service was well led. Written comments included:

- “I like going out in the car.”
- “I need to walk more.”
- “likes going on trips out, if unhappy would let care manager know.”

Areas of good practice

The agency promoted the involvement of service users, particularly in relation involving them in as many community activities as possible. There were other examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and engagement with service users and other relevant stakeholders with the aim of promoting the safety of service users and improving the quality of the service provided.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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

The agency is managed by the registered manager, who also has responsibility for three other registered supported living services. There are two assistant managers in place, who support the senior support workers and the team of support workers in the day to day delivery of care. The inspector was advised that the agency's management arrangements were in the process of changing. A new manager had recently been appointed to the service. Advice was given in relation to the process for applying to RQIA for registration. When submitted, the application will be reviewed by RQIA.

The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). The person in charge confirmed that information regarding registration and renewal dates were maintained by the agency. A review of NISCC records confirmed that all staff were currently registered. The person in charge described the system in place for monitoring renewal of NISCC registrations and confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

There was a process in place to ensure that complaints would be handled in accordance with legislation, standards and the agency's own policies and procedures. The inspector was advised that no complaints had been received since the date of the last inspection. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

The inspector was advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency's policies and procedures:

- care and support records
- service user' finances
- medicine records

Processes for engaging with and responding to the comments of service users and their representatives were also evident within the agency's annual quality service user surveys.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in hard copy and in electronic format and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the service users and staff. The agency had received positive feedback through the quality monitoring report from HSC trust' representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of restrictive practices, consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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