Unannounced Care Inspection Report
26 March 2018

The Lodge

Type of Service: Domiciliary Care Agency
Address: 120 Belfast Road, Antrim, BT41 2BA
Tel No: 028 94465200
Inspector: Marie McCann

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

This is a supported living type domiciliary care agency which provides 24 hour supported living with accommodation for six service users with enduring mental health needs. The service is managed by the Northern Health and Social Care Trust (NHSCT). The aim of the service is to enable service users to meet their potential to progress to more independent living. It further aims to support the rehabilitation and recovery of service users discharged from hospital and those referred by the Community Mental Health Teams.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust **Responsible Individual:** Dr Anthony Baxter Stevens	**Registered Manager:** Mr Mark Stanley Farr
Person in charge at the time of inspection: Mr Mark Stanley Farr	**Date manager registered:** 25 June 2014

4.0 Inspection summary

An unannounced inspection took place on 26 March 2018 from 09.00 to 13.30.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment; staff induction; adult safeguarding and risk management; care records and the involvement of service users; governance arrangements; management of complaints and incidents and maintaining good working relationships.

Two areas for improvement under the standards were identified in regards to improving the governance arrangements for the management of staff training.

Comments made by a service user, staff and visiting professional during the inspection are included within the report.

The inspector would like to thank the registered manager, service users, staff and professional representatives for their support and co-operation throughout the inspection process.

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	2

Details of the Quality Improvement Plan (QIP) were discussed with Mark Farr, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 23 May 2016

No further actions were required to be taken following the most recent inspection on 23 May 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- unannounced care inspection report 23 May 2016
- incident notifications which evidenced that one incident had been notified to RQIA since the last care inspection in May 2016
- information and correspondence received from the registered manager and the Northern Health and Social Care Trust (NHSCT)

During the inspection the inspector met with the manager, one staff member and one service user and a visiting professional.

The following records were examined during the inspection:

- Three service users' care records
- Three staff personnel records
- The agency's complaints record from May 2016 to 25 March 2018
- Staff rota information from 5 March to 26 March 2018
- Minutes of service users' (tenant) meetings
- Minutes of staff meetings
- A sample of monthly quality monitoring reports from December 2016 to February 2018
- Adult safeguarding policy 2017
- Whistleblowing policy 2016
- Procedures for the processing of personal information policy 2017
- Supervision policy 2015
- Induction policy 2017
- The Statement of Purpose April 2017
- The Service Users Guide (Tenants Handbook) April 2017

At the request of the inspector, the manager was asked to display a poster within the agency. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

A number of service user and/or relatives' questionnaires were provided for distribution; two questionnaires were returned to RQIA within the timeframe for inclusion in this report.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 May 2016

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 23 May 2016

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users; which included a review of staffing arrangements in place within the agency.

The agency has a human resources (HR) department which oversees the recruitment process. An inspector visited the agency's HR department on the 12 December 2017 to review a number of recruitment records, which verified that the pre-employment information and documents had been obtained as required for the staff. The documents reviewed were satisfactory.

The manager described the procedure for ensuring that staff are not provided for work until all necessary checks had been completed, the outcome of the checks completed are retained by the HR department.

The agency's induction policy outlines the induction programme lasting in excess of the three day timescale as required within the domiciliary care agencies regulations; a review of two staff induction records noted that the induction programme was comprehensive. The induction included an introduction to service users, details of staff responsibility to service users, respecting confidentiality, and an awareness of relevant policies and procedures. Discussion with a staff member on the day of inspection provided assurances that the agency's induction process provided them with the appropriate knowledge and skills to fulfil the requirements of their job role.

The manager described the staffing levels which have been assessed as necessary to provide a safe service; they explained that additional staff are rostered at times depending on the specific needs of the services users. The staff rota information reviewed was noted to be consistent with the staffing levels described. Discussions with the service user and staff member during the inspection verified that there were sufficient numbers of staff to meet the

needs of service users. The manager described how they endeavoured to ensure that there is at all times an appropriate number of skilled and experienced staff available to meet the assessed care needs of the service users. The manager described the importance they place on ensuring that staff provided have a good knowledge and understanding of the individual needs of the service users.

The agency's staff supervision policy outlines the timescales and processes to be followed. The staff member spoken with described the benefits of the supervision process in supporting them in their role and confirmed that supervision was held regularly; a review of the manager's supervision matrix evidenced dates of supervisions sessions in keeping with the agency's policy. However on the day of inspection individual supervision records were not available within the staff files. The manager confirmed that each staff member received a copy of their supervision record but the manager had not maintained a copy. Assurances were provided that a copy of staff supervision records would be maintained in the staff personnel file retained within the agency.

Staff feedback indicated that they had access to a varied training programme to support them to meet the roles and responsibilities of their job. There were training opportunities provided in addition to the mandatory training requirements such as recording skills for social care workers, cash and valuables training and autism awareness. A review of the training matrix maintained by the manager evidenced that a number of mandatory training requirements were outstanding for some staff. It was also noted that the training file did not have full records as outlined in the Domiciliary Care Agencies Minimum Standards, 2011. It was identified that a record of training is kept in the agency. The record should include the names and signatures of those attending training event; the date(s) of the training; the name and qualifications of the trainer or the training agency and the content of the training programme. Two areas of improvement are made in this regard.

It was identified that the agency has reviewed and updated their policy and procedures to reflect information contained within the DHSSPS regional policy `Adult Safeguarding Prevention to Protection in Partnership` issued in July 2015 and the associated Operational Procedures; and the organisation has an identified Adult Safeguarding Champion (ASC).

The manager reported that there had been no adult safeguarding referrals since the last inspection. Discussions with the manager and staff member available on the day of inspection clearly demonstrated their knowledge of specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

It was identified from training records viewed that staff are required to complete adult safeguarding training during their induction programme and in addition complete a two yearly update. This training was noted to be up to date for the staff team.

The agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety was assessed during the inspection. The inspector viewed the agency's risk assessment which was completed with the service users; the risk assessment was comprehensive and took into consideration environmental, physical, financial and mental health risks. The records demonstrated that risk assessment was ongoing to ensure the safety and wellbeing of the service users. It was good to note that each service user had an individual contingency plan maintained within their records which was person centred and facilitated timely and effective interventions. Records examined identified an individual Personal Evacuation Escape Plan and where applicable a risk

assessment for maintaining own medication was undertaken with service users to aid promotion of self-care skills.

Discussion with the manager confirmed that service users did not have unrestricted access to kitchen facilities overnight. While the manager confirmed that staff would facilitate such access upon request it was agreed that access to kitchen facilities should be unrestricted at all times. It was also agreed with the manager that any restrictive practices must be thoroughly assessed, discussed with service users, their relatives and/or representatives, and HSCT professionals. Records would be maintained and arrangements would be kept under review in order to ensure that they are proportionate and necessary.

The registered premises are suitable for the purpose of the agency as set out in the Statement of Purpose. The agency's office is situated in the same building as the service users' accommodation.

Service user comments:

- "I like living here."
- "I feel safe."
- "I prefer being here than in hospital."

Staff comments:

- "The induction and training given made me able to do my job."
- "I shadowed experienced staff during my induction."
- "I feel there is enough staff to support the service users."
- "We get regular supervision and it helps me to do my job."

Professionals' comments:

- "Staff are very interested, they seek out information and are competent…I have nothing but praise for the place."

Two service users and/or relatives returned questionnaires to RQIA. The responses indicated that they were satisfied that the care provided was safe.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified in relation to the governance arrangements for the management of staff training.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is detailed in the Statement of Purpose, 2017 and Service User Guide, 2017.

The agency's record keeping policy outlines the processes for the creation, storage and retention of records. Documentation viewed during the inspection were noted to be maintained in accordance with legislation, standards and the organisational policy. The care records retained in the agency's office were noted to be held in an organised individual manner in a locked cabinet. There was evidence of auditing of service user records.

The agency receives referral information from the HSCT and upon admission there was evidence that the agency undertakes a comprehensive assessment and care planning process with the service user. This includes completion of a new occupancy assessment, risk assessment, support planning, confidentially agreement and tenancy agreement in which charges for the service are provided. The documentation reviewed evidenced a transparency between the agency and the service user regarding their assessed support needs, goals and the expectations of all parties.

A service user spoken with confirmed that they were supported by staff to be fully involved in their care/support planning. Records confirmed that service users had monthly one to one sessions with their identified keyworker, these records evidenced a variety of interactions depending on the needs and wishes of the service user such as a general discussion, a review of the support plan and promotion of health and wellbeing. Discussion with the manager highlighted that the annual HSCT review of service users' care and support needs were outstanding. The manager confirmed that this was not related to any operational issues within the agency and that they had liaised with the HSCT to request the completion of reviews and confirmed that dates for the meetings had been scheduled.

The Service User's Guide provided information regarding the role of an advocate and contact details of an independent Advocacy Service.

The inspector reviewed the agency's arrangements for monitoring, auditing and reviewing the effectiveness and quality of care delivered to service users. The manager confirmed that the agency receives monthly visits in relation to monitoring the quality of the service provided. It was noted that the person completing the monitoring visit seeks to obtain feedback from service users, their relatives and/or representative and were appropriate relevant stakeholders in relation to the quality of care and support provided. In addition they are required to review accidents, incidents, safeguarding referrals, restrictive practice, complaints, staff training/supervision and audit service user records. Any actions required were recorded and carried forward to be reviewed the following month.

Monthly quality monitoring records for the period December 2016 to February 2018 were available for inspection with the exception of March 2017 and October 2017, which were provided to the inspector following the inspection. On review of a sample of monthly quality monitoring records, it was discussed with the manager that some of the monthly quality monitoring records lacked necessary detail for the manager to effectively review and quality

assure service delivery. Assurances were given by the manager that this was in the process of being reviewed by the locality manager and improvements were to be made.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussion with the service user and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users and service users can access staff at any time.

The inspector noted that the agency facilitates three monthly service users meetings. It was noted that there is no set agenda for the meetings as the service users can raise issues they wish to discuss at the time. It was evidenced in the sample of minutes viewed that the issues discussed were varied; staff encouraged ideas for outings, shared information about health and safety and group living issues were explored. It was positive to note that staff advised the service users of the new adult safeguarding policy and reiterated that if they felt unjustly treated they could talk with staff at any time. The service user who met with the inspector indicated that they were supported to attend service user meetings and provided with the opportunity to express their views and opinions during these meetings and at all other times.

The agency typically holds bi-monthly staff meetings with regular agenda items such as health and safety issues, arranging activities for service users and training issues. Staff not in attendance at the meetings are required to read and sign the minutes at a later date.

Service user comments:

- "Being here helps me stay sober…. it helps me with my addiction."
- "Staff help me to be fully involved, I understand all that is going on."
- "I am happy in The Lodge although I would like to move to xxxx in the future."

Staff comments:

- "I'm happy working here."

Professionals' comments:

- "xxxx is very happy with the place and how they speak with him."
- "Staff are responsive to individual needs."

Two service users and/or relatives returned questionnaires to RQIA. The responses indicated that they were satisfied that the care provided was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and audits, communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 inspectors reviewed the agency's ability to treat service users with dignity, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

Observations made during the inspection and discussions with a service user and staff indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation.

It was noted in the inspection that service users freely approached staff and interactions were friendly and appropriate. The inspector was invited by a service user to see their accommodation. The service user informed the inspector that their bedroom furniture and décor was chosen by themselves; they demonstrated pride in their individual space. Service users were noted to be offered choice regarding their daily routines, whilst being supported to achieve goals previously agreed in partnership with the service user. Service users were offered the opportunity to meet with the inspector and privacy was provided to the service user who met with the inspector. This service user indicated that they felt listened to and staff were attentive and caring when supporting them.

Feedback from the staff and service user spoken with during the inspection indicated that staff had developed person centred knowledge of individual service users, interventions were tailored to give consideration to the diverse and individual needs of the service users.

The inspector viewed a range of documentation that indicated that the agency had systems in place to record comments made by service users and/or their representatives. Systems for effectively obtaining the comments and views of service users are maintained through the agency's complaints process; quality monitoring visits, keyworker meetings and service user meetings.

Service user comments:

- "I can come and go as I please, I prefer staying in my own room."
- "I can talk to staff when I need to."
- "I have my own phone and can contact anyone I want to."

Staff comments:

- "Everyone has their own space but we are here when they need us."

Professionals' comments:

- "When I visit xxxx we are given a private space to meet."

- "Staff are responsive to individual needs."

Two service users and/or relatives returned questionnaires to RQIA. The responses indicated that they were satisfied that the care provided was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 sought to assess the agency's leadership, management and governance arrangements to meet the assessed needs of service users. The agency was managed on a day to day basis by the manager with the support of a consistent staff team of senior support workers and support workers.

A range of policies and procedures in place were accessible to staff in a paper copy and electronically. The agency's complaints policy and procedures were reflected within the Statement of Purpose and Service User Guide and were in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Review of the agency's complaints formed part of the monthly monitoring quality visit. There were no complaints for the inspector to review since the last inspection. However, staff interviewed were aware of the complaints procedure, their role if they receive a complaint and the importance of auditing complaints to identify trends and enhance service provision.

Discussions with the manager and staff member described a positive working atmosphere were issues and concerns could be freely discussed as a result of the manager's open door approach. In addition as stated by a visiting professional, staff were proactive in developing their learning and awareness of issues pertaining to the needs of service users.

There was a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all staff. This was included in the agency's Statement of Purpose.

The agency's governance arrangements to highlight and promote the identification of and management of risk were inspected. All incidents and accidents are recorded on electronic system which are reviewed and audited by the manager, locality manager and the agency's governance department. A sample of notifications reviewed identified that in addition to the electronic system a record pertaining to individual service users were maintained in their files. The inspector found evidence that action had been taken by the agency to liaise with the service user's HSCT keyworker and update support plans with aim of preventing reoccurrences and/or minimising risks.

The manager could describe the processes in place to develop and maintain effective working relationships with the HSCT representatives and other relevant stakeholders. A review of documentation and discussions with a visiting professional indicated that the agency promotes good working relationships with the HSCT representatives and refers to or consults with a wide range of appropriate professionals when relevant.

All staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other appropriate regulatory bodies. The manager confirmed that information regarding registration details and renewal dates were maintained by the NHSCT social care governance department who generate an email to the manager advising when a staff member's renewal date is pending. The manager confirmed that on receipt of this email they liaise with staff to ensure that they have taken appropriate action after which renewal details are verified and recorded by the organisation's governance department.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

On the day of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

Staff comments:

- "There is good support from the manager and senior, you can talk to them, I feel they would listen to any issues I had."

Two service users and/or relatives returned questionnaires to RQIA. The responses indicated that they were satisfied that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mark Farr, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 **Ref**: Standard 12.3 **Stated**: First time **To be completed by**: Immediate from the date of inspection	The registered person shall ensure mandatory training requirements are met. This area for improvement relates to the manager ensuring that governance records regarding mandatory training are completed in an accurate, consistent manner and available for inspection. Ref: 6.4
	Response by registered person detailing the actions taken: A colour coded training matrix has been implemented in all Supported Living Schemes this allows a comprehensive record to be maintained with triggers for the manager should the staff member require training within 3 months. A copy has been forwarded to RQIA
Area for improvement 2 **Ref**: Standard 12.7 **Stated**: First time **To be completed by**: Immediate from the date of inspection	The registered person shall ensure a record is kept in the agency, for each member of staff, of all training, including induction and professional development activities undertaken by staff. The record includes: • the names and signatures of those attending the training; • the date(s) of the training; • the name and qualification of the trainer or training agency; and • content of the training programme This area of improvement relates to the manager ensuring that a robust governance system is in place in relation to monitoring the completion of mandatory training and ensuring these records are available for inspection. Ref: 6.4
	Response by registered person detailing the actions taken: - The Unit Manager authorises all training requests as well as monitors the completion of mandatory training according to the necessary frequency i.e. one a year, every three years and so forth. Whilst staff sign a record of attendance at training this is not shared across the service. To address this shortfall the following monitoring and record of training and professional development arrangements are in place: - Staff will provide the Unit Manager with a copy of their training certificate which includes a record of the date of training and a title of the training completed. This can include a summary of the objectives achieved at training.

	- The Locality Manager to whom the Unit Managers report has obtained the name and qualification of trainers who provide training. This information has been shared with RQIA. - All Unit Managers will keep a copy of handout/training content provided at staff training to ensure there is a record of training content.Staff sign in at training event however this is not sent to the manager as it includes staff from across the division.the Manager authorises all traing requests. - Staff will provide the manager with a copy of their training certifcate which will include dtes and title of traing completed. - Locality manager has obtained the name and qualification of trainers who provide training. These have been sent to RQIA -Managers will maintain a copy of all handouts provided at training sessions in order to ensure they have a content of thetraining programme

Please ensure this document is completed in full and returned via Web Portal

The Regulation and Quality Improvement Authority

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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews