



The Regulation and
Quality Improvement
Authority

The Lodge
RQIA ID: 12244
120 Belfast Road
Antrim
BT41 2BA

Inspector: Jim McBride
Inspection ID: IN021725

Tel: 028 94465200
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**Announced Care Inspection
of
The Lodge**

16 April 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 16 April 2015 from 09:00 to 13:00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

A. Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

B. Actions/Enforcement Resulting from this Inspection

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

C. Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	0

The details of the QIP within this report were discussed with the Mr Mark Farr the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Dr T Stevens NHSCT	Registered Manager: Mr Mark Farr
Person in Charge of the Home at the Time of Inspection: Mr Mark Farr	Date Registered: 25 June 2014
Number of service users in receipt of a service on the day of Inspection: 6	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard themes have been met:

Themes:

Theme 1 – Staffing arrangements

Theme 2 - Service User Involvement

4. Methods/Process

Prior to inspection the following records were analysed:

Previous inspection report (Pre-registration)

Incidents

During the inspection the inspector met with one service user, three care staff one service users' relative. The inspector spoke to one HSC professional following the inspection.

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

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- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders/staff
- File audit
- Evaluation and feedback

The following records were examined during the inspection:

- Four care and support plans
- HSC Trust assessment of needs and risk assessments
- Care reviews, other methods of recording/evaluation
- Monthly quality monitoring reports for January 2015, February 2015 and March 2015
- Tenants' meetings January 2015 February 2015 and March 2015
- Minutes of staff meetings January 2015 February 2015 and March 2015
- Staff training records examined:
 - Human rights*
 - Safeguarding*
 - Challenging behaviour*
- Complaints records

- Recruitment policy/ process was reviewed in 9 November 2014 by the HSC Trust
- Pre-employment checks
- Job descriptions
- Terms and conditions of employment
- Staff register/ information
- Agency's rota information

Three staff questionnaires were completed by staff during the inspection and one was returned post inspection. These indicated the following:

Staff stated that the agency's induction process prepared them for their role.

The induction process was rated as good or excellent.

Staff stated that they had received human rights training specific to the service users that they provide care and support to.

Staff stated that the whistle blowing policy was accessible to them.

Staff stated that service users views and experiences are taken into consideration within the service.

Staff rated the agency's service users involvement process as good.

Staff stated that tenants' meetings are in place.

5. The Inspection

The Lodge, is a Supported living type domiciliary care agency that was established in 2014 to provide quality housing and care to people with mental health difficulties.

The service provides accommodation as well as care and support to individual tenants, with the aim of helping them to enhance their daily living and help with independent and community living skills.

The Lodge has accommodation for six tenants who have their own individual self-contained rooms, including en-suite wet rooms.

The service users have a communal area within the lodge that provides social integration.

The service is managed by Mr Mark Farr, supported by nine staff that provide care and support over a twenty four hour period.

Review of Requirements and Recommendations from Previous Inspection

The previous inspection of The Lodge was an announced pre-registration inspection dated 10 June 2014. The completed QIP was returned and approved by the care inspector.

A. Review of Requirements and Recommendations from the last Inspection

No previous requirements or recommendations

B. Theme 1: Staffing arrangements

Is Care Safe?

The agency has in place a recruitment policy; this was updated by the NHSCT on the 9 November 2014.

The registered manager confirmed that there is a procedure in place to ensure appropriate pre-employment checks are completed and satisfactory records maintained were examined by the inspector. The agency maintains an alphabetical index of all domiciliary care workers supplied or available for supply for the agency.

The agency has a structured induction programme lasting at least three days. This was confirmed by the two staff interviewed and the registered manager. The agency maintains a record of staff induction provided to staff; and included details of the information provided during the induction period. One staff member stated about training *"It's good to stay up to date with contemporary issues whilst training"*

The agency provides all staff with a handbook. The agency has a procedure in place for induction of staff for short notice/ emergency arrangements this was verified by staff interviewed. The agency has in place a procedure for verifying the identity of all staff prior to their supply. The agency maintains a record of all staff supervision and appraisal. The agency could demonstrate that supervision and appraisal is provided in accordance with their policy and procedure.

Staff comments:

"I had a comprehensive induction".

"Person centred planning is the key to good care"

Relatives' comments:

"Very good staff"

Service user comments:

"I feel very happy here"

HSC Trust Comments:

"My client has embraced supported living"

Overall on the day of the inspection the inspector found care to be safe.

Is Care Effective?

Following discussions with the registered manager the inspector was provided with assurances that there is at all times an appropriate number of suitably skilled and experienced persons providing care to service users. Examination of available records reflected staffing numbers outlined by the registered manager.

The registered manager described to the inspector the arrangements in place to assess the suitability of staff. The agency provides staff with a clear outline of their roles and responsibilities.

Records available show that agency staff receive induction prior to providing care/support to service users. This was confirmed by the staff interviewed by the inspector. The agency has a process for evaluating the effectiveness of staff induction, this includes competency assessments. One staff member stated. *"I have completed a number of competency assessments to assess me in my work"*

The agency has a process in place for identifying individual training needs. Staff described to the inspector how they are given the opportunity to identify their individual training needs. Agency staff have in place personal development plans. One staff member stated *"Training is flexible and available to all staff"*

Training records examined show that staff providing supervision have the necessary skills/training required. Agency staff receive supervision/annual appraisal in accordance with the agency's policy.

Agency staff are aware of the whistleblowing procedure for highlighting concerns/ issues; this was confirmed by staff during discussions with the inspector.

Three staff questionnaires were received during the inspection and one following inspection. The inspector also spoke to two members of staff on duty during the inspection and has added their comments to this report.

All staff advised the inspector that they have attended training on the protection of vulnerable adults.

Staff comments:

"Training and supervision is good"

"Induction prepares you for your role"

Service user comments:

"Staff are good and support me"

HSC Trust comments:

"I attend all reviews and my client is very happy at the Lodge"

Relatives' comments:

"***** is doing well in supported living"

Overall on the day of the inspection the inspector found care to be less than effective in relation to the quality monitoring. Quality monitoring must take into account the views of the service users and their representatives.

Areas for Improvement Regulation 23 (1) (5) & Regulation 23 (2) (3)

The inspector has issued two requirements in relation to the quality monitoring visits completed on behalf of the registered provider. The inspector issued an urgent action notice to the registered manager during the inspection and has written to the registered provider stating the requirement and requesting the monitoring reports to be supplied to RQIA until further notice.

Number of Requirements	2	Number Recommendations:	0
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Is Care Compassionate?

The agency maintains a record of any comments made by service users/ representatives in relation to staffing arrangements, evidence of this was seen in the minutes of tenants' meetings. The manager was able to demonstrate that she discussed with service users significant staff changes. The manager stated that staff are not supplied to work with service users without an appropriate induction.

Records examined by the inspector show that staff receive induction training specific to the needs of individual service users. This was confirmed by the staff interviewed by the inspector.

The needs of individual service users are clearly identified within the induction process.

Agency staff could demonstrate that they have the knowledge and skills to carry out their roles and responsibilities.

The induction process takes into account the consent, privacy and dignity of service users. Staff receive ongoing supervision and assessment of competency to fulfil the requirements of their job role. The inspector read a number of staff competency assessments in place.

Staff comments:

"We encourage independence with all service users"

"We have a good staff team who communicate well with each other"

Relatives' comments:

"**** is very happy and staff support him well"

Service user comments:

"Staff support and care for me well"

HSC Trust Comments:

"I have good communication with staff and have no complaints my client has settled well"

Overall on the day of the inspection the inspector found care to be compassionate.

Theme: 2 Service User Involvement

Is Care Safe?

Assessments of need and risk assessments examined by the inspector reflect the views of service users and their representatives. Assessments of need and risk assessments are reflected in care and support plans. There is evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust.

The agency staff interviewed showed an understanding of how to balance human rights with safety in service delivery. The views of service users and their representatives are considered in the assessment and implementation of restrictive practices.

Staff comments:

“The induction process prepared me for my role”.

Service user comments:

“Staff are good”

HSC Trust comments:

“A good service and good setting excellent service”

Relatives' comments:

“I have no issues ***** is very safe and secure in *** home”.

Overall on the day of the inspection the inspector found the care/support to be safe.

Is Care Effective?

Care provision is regularly evaluated and reviewed. The review process includes involvement with service users and/or their representatives. This was confirmed by the manager and during the examination of review records.

Care and support plans are written in a person centred manner which includes the service user's views. There is evidence that the delivery of the service is responsive to the views of service users and/or their representatives. The agency has a monitoring system in place to ascertain and respond to the views of service users and/or their representatives.

The agency's human rights information examined shows evidence that service users are provided with information relating to their human rights in a suitable format.

The service provided to service users maximises their choice, independence and control over their lives. Service users and their representatives are made aware of representation and advocacy services.

Staff comments:

"Training is excellent".

Service user comments:

"Staff listen to me"

HSC Trust comments:

"The staff communicate well with the Trust".

Relatives' comments:

"The service is excellent and the staff are good they care well for *****"

Overall on the day of the inspection we found the service to be effective.

Is Care Compassionate?

Through examination of five service users' care and support plans, the inspector found that service delivery has a person centred ethos.

Service users and their representatives are aware of their right to be consulted and have their views considered in relation to service delivery. This was confirmed by staff and the service users interviewed.

Agency staff who participated in the inspection understand and implement the values of respect, choice, dignity and independence daily to service users. Staff stated that service users can make choices regarding their daily routines and activities, within the resources available to them.

Explicit consideration of human rights was evident in the care and support plans examined by the inspector. Consideration of human rights includes the involvement of service users and/or their representatives. Service users, HSC Trust staff and agency staff spoken to described to the inspector how service users' views have been taken into account and shaped service provision.

Staff interviewed by the inspector showed an understanding of:

-Promoting human rights, independence and self-determination in supported living

Staff who participated in the inspection could describe aspects of service provision which show a reflection of choice, dignity, and respect.

Four staff questionnaires were received during the inspection; the inspector also spoke to two members of staff on duty during the inspection and has added their comments to this report. All four staff agreed that service users' views and experiences are taken into account in the way service is delivered.

Overall on the day of the inspection the inspector found care/support to be compassionate.

Additional Areas Examined

Complaints: The manager confirmed that the agency has had no complaints.

The inspector read the monthly monitoring visits for January 2015, February 2015 and March 2015. The reports need to show clear evidence of discussion with service users, relatives and HSC professionals. The reports do contain an action plan that clearly shows actions to be completed and by whom within agreed timescales, however one requirement was issued in relation to the quality monitoring visits. The manager confirmed that the agency has had no complaints.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Mark Farr the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

A. 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 (Northern Ireland) 2007.

B. Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.


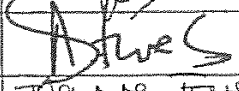
C. Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to RQIA's office and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

The Lodge 12244

IN021725

Quality Improvement Plan			
Statutory Requirements			
<p>Requirement 1</p> <p>Ref: Regulation 23 (1) (2)</p> <p>Stated: First time</p> <p>To be Completed by: Immediate To be Completed by: Immediately from the date of inspection in accordance with the urgent action notice.</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency arranges the provision of good quality services for service users; taking the views of service users and their representatives into account in deciding.</p> <p>This requirement relates to the seeking of views about the quality of service provided to service users from a range of stakeholders.</p> <p>Response by Registered Manager Detailing the Actions Taken: Views of Professionals and family members and friends will be recorded on monitoring form</p>		
<p>Requirement 1</p> <p>Ref: Regulation 23 (2) (3)</p> <p>Stated: First time</p> <p>To be Completed by: Immediate To be Completed by: Immediately from the date of inspection in accordance with the urgent action notice.</p>	<p>At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1). The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request.</p> <p>This requirement relates to the monthly quality monitoring reports that must be forwarded to the RQIA until further notice.</p> <p>Response by Registered Manager Detailing the Actions Taken: Monthly monitoring report for May to be sent to RQIA</p>		
Registered Manager Completing QIP		Date Completed	12.5.15
Registered Person Approving QIP		Date Approved	25/6/15
RQIA Inspector Assessing Response	JOANNE TULLER FOR Jim McBride	Date Approved	26/6/15

Please ensure the QIP is completed in full and returned to supportedliving.services@rqia.org.uk from the authorised email address

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