

Unannounced Domiciliary Care Agency Inspection Report 23 May 2016



The Lodge

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Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of The Lodge took place on 23 May 2016 from 10:00 to 14:00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust.

No areas for quality improvement relating to safe care were identified during this inspection.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement relating to effective care were identified during this inspection.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement relating to compassionate care were identified during this inspection.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. No areas for quality improvement relating to a well led service were identified during this inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Mark Farr, registered manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation / registered person: Northern Health and Social Care Trust, Anthony Stevens	Registered manager: Mark Farr
Person in charge of the agency at the time of inspection: Mark Farr	Date manager registered: 25 June 2014

3.0 Methods/processes

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable events

During the inspection the following processes used include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with staff
- File audits
- Discussions with service users
- Evaluation and feedback

The following records were examined during the inspection:

- A number of care and support plans
- Health and Social Care (HSC) Trust assessments of needs and risk assessments

- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports for December 2015. January, February, March and April 2016
- Minutes of staff meetings for December 2015. January, February, March and April 2016
- Minutes of tenant meetings held in October, November, December 2015. January, March and April 2016
- Staff training records relating to:
 - Vulnerable adults*
 - Person centred planning*
 - Human Rights*
 - Protection of personal information*
- Records relating to staff supervision
- Complaints records
- Induction procedure
- Staff rota information

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

During the inspection the inspector spoke with the registered manager, two care workers and one service user. Their feedback has been included throughout this report.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA, seven questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users, five questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

Following discussion with the registered manager, staff and service users, it was noted there was evidence of positive outcomes for service users. This has been demonstrated by the agency throughout this report.

The inspector would like to thank the service users and agency staff for their warm welcome and full cooperation throughout the inspection process.

4.1 Review of requirements and recommendations from the most recent inspection dated 16 April 2015

The most recent inspection of the agency was an unannounced care inspection. The completed quality improvement plan (QIP) was returned and approved by the care inspector.

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 23 (1) (2) Stated: First time</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>Action taken as confirmed during the inspection: The inspector read a number of quality monitoring report in place and the records were satisfactory.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 23 (2) (3) Stated: First time</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. This requirement relates to the monthly quality monitoring reports that must be forwarded to the RQIA until further notice.</p> <p>Action taken as confirmed during the inspection: A number of quality monitoring reports were forwarded to RQIA since the last inspection and they were satisfactory.</p>	

4.2 Is care safe?

The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. The inspector was advised by the manager that service users are introduced to, and advised of the names of staff that will be providing care and support; this information is also included in the statement of purpose and the service user's guide.

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives.

The inspector examined seven care plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users and/or representative's views had been obtained and incorporated.

The agency has in place a written policy and procedure for the recruitment of staff. The policy in place evidenced the completion of pre-employment checks. The HSC Trust policy on recruitment was updated by the agency 30 November 2015.

The agency has a structured staff induction programme which includes shadowing by an experienced staff member for all newly appointed staff, as well as induction of staff for short notice/emergency arrangements.

The agency's induction standards are in line with the Northern Ireland Social Care Council (NISCC) standards for new workers in social care.

Records examined evidenced that staff have received core mandatory and other relevant training. Records of induction, including short notice procedures and including mandatory training, are retained within staff files reviewed. Staff confirmed that they have direct access to all policies and procedures which are held centrally within the agency or via the staff intranet. The manager reported that he undertakes supervision with senior staff who in turn supervise support staff. The inspector examined staff rotas and was satisfied that the agency's staff resources meet service user needs. Discussions with the manager and staff indicated that an appropriate number of suitably skilled and experienced staff were available at all times.

Staff interviewed demonstrated an awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. The regional Adult protection procedures were available in draft for inspection. Staff were aware of their obligations in relation to raising concerns about poor practice. The manager stated that all suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures. Where shortcomings in systems have been highlighted as a result of an investigation, additional identified safeguards are put in place.

The two service user interviewed by the inspector stated he felt safe and secure in his home. Other comments included:

- "Staff are friendly and helpful."
- "Staff do care for you and listen to you if you have a problem."

Staff comments:

- "Supervision is one to one with all staff."
- "The tenants have a good safe environment."
- "The homes are safe."
- "Risk assessments are in place to ensure safety."

Seven returned questionnaires from staff indicated:

- Staff receive appropriate training for their role.
- Staff receive supervision and appraisal.

Staff comments:

Five returned questionnaires from service users indicated that:

- Staff are trained to meet our needs.
- The care they receive helps them feel safe and protected from harm.

Service users' comments:

- No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.3 Is care effective?

The service user interviewed by the inspector stated that he was aware of whom he should contact if there any issues regarding his care.

Service user records viewed by the inspector evidenced regular contact and feedback received from service users had been followed up. These records evidenced that the HSC Trust carries out care reviews with service users if changes to their needs are identified.

The agency maintains a daily contact record for each service user. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user.

The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions. Service users are advised of independent advocacy services within the service User Guide.

Staff interviewed provided examples to demonstrate how they promote service user independence, choices and respect. The service users interviewed were aware of whom they should contact if any issues arise regarding the service. The most recent monthly quality monitoring reports reviewed, evidenced that working practices are being systematically reviewed, in relation to incidents and further service user feedback.

Staff confirmed that they worked very well as a team and that staff meetings are held on a regular basis.

Care records examined reflected individualised assessments and person centred care plans, including choice and preferences, dignity and respect recorded in a manner which promotes the interests and independence of each service user. It was good to note that service users or their representatives are included in decision making regarding their care plan.

Service users are also given the opportunity to comment on the quality of service. The agency completed their Service improvement survey in April 2016.

The inspector has noted some of the areas the tenants were asked to comment on:

- Are you living in a safe environment?
- Is supported living helping you to recover a better quality of life?
- Is having a named support worker helpful and supportive?
- Can you contact staff if you have any concerns?
- Do you have the opportunity to make suggestions, and be involved in decisions about your care, support and treatment?
- Are you treated with dignity and respect?
- Are you aware that you can make a complaint?
- How happy are you with what is discussed and agreed at your monthly support plan review?
- Can you suggest any improvements?

The inspector noted the comments made by one service user:

- “The Lodge feels more secure than other places I have lived previously.”
- “We benefit from staff helping and supporting with medications.”
- “Staff help me feel safe.”
- “It’s nice in the Lodge.”
- “I have a say in what goes on.”
- “I’m happy with my senior support worker.”
- “The lodge is a big part of the community.”
- “The Lodge feels more like home.”

Service user comments:

- “This is good for me and I get the support I ask for.”

Staff comments:

- “Care and support plans allow for effective care.”
- “The training prepares you for the work.”
- “Induction is a good basis to work from.”

Seven returned questionnaires from staff indicated:

- Service users get the right care, at the right time and with the best outcome for them
- There are systems in place to monitor the quality/safety of the service you provide

Staff comments:

- “There’s always room for improvement.”

Five returned questionnaires from service users indicated that:

- Staff are trained to meet our needs
- They get the right care, at the right time and with the best outcome for them

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care compassionate?

The agency's Statement of Purpose and Service Users Guide encourages that staff will ensure that the beliefs and values of each service user are embedded in the day to day operation of the service. The staff described to the inspector that values form an important part of care provision including privacy, dignity, independence, choice, rights and fulfilment.

The service user interviewed by the inspector raised no concerns regarding his care or the quality of care being provided by staff.

No concerns were raised regarding the staff treating the service users with dignity or respect. Service users are offered choices and are encouraged to complete tasks themselves when appropriate. Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring provide assurance of quality monitoring and service improvement. The inspector has included some comments made by service users, relatives, staff and HSC Trust professionals during monitoring visits:

Service users' comments:

- "I'm very happy here."
- "Care provided is good."
- "I'm happy with the accommodation."
- "Help here when you need it."

HSC Trust comments:

- "Happy with the standard of care."
- "I work well with staff."
- "Good care and support received by clients."

Relatives' comments:

- "I'm happy with the level of communication."
- "Happy with care and support."
- "Tenant is very happy."
- "You are welcome at any time."
- "My relative is very happy."

Staff interviewed were aware of the agency's policy and procedure on confidentiality/privacy and could demonstrate how this is implemented.

During discussion with staff it was stated that:

- "We have a good understanding of the care needs."
- "Listening and responding is important to tenants."
- "A good insight to individual personalities is important."

Seven returned questionnaires from staff indicated:

- Service users are treated with dignity and respect and involved in decisions affecting their care
- That the people who use the service have their views listened to

Staff comments:

Five returned questionnaires from service users indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care.
- Their views and opinions sought about the quality of the service

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is the service well led?

The manager reported that the agency are in the process of reviewing some individual systems and processes and where necessary making changes. This is being completed in consultation with senior management staff.

A number of policies and procedures in place are accessible to staff in hard copy and via the staff intranet. Staff interviewed were aware of the complaints procedure and their role if they receive a complaint. The agency complaints policy and procedures are reflected within the Statement of Purpose and Service User Guide.

The agency reported three incidents to the RQIA as required and it was evident that agency procedures had been followed in relation to these. Incidents form part of the monthly monitoring and actions are taken to address concerns.

A number of staff training events have taken place and mandatory training is up to date for all staff. Supervision records examined by the inspector showed clear evidence of compliance with the agency's own policy and procedures. Feedback provided to the inspector indicated that staff do feel supported by the manager and senior staff.

Two staff members stated. *"The manager is very approachable."*

There was evidence of staff working in partnership with the commissioning HSC Trust. This was confirmed via records, within care plans and through discussions with the manager and staff. There is a whistleblowing policy and procedure and staff interviewed were aware of this.

There was evidence that staff were encouraged to be involved in the development and improvement of the service. This was evidenced in the minutes of staff meetings and during discussions with staff.

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

The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The agency has received no complaints during this period.

The agency has responded to all regulatory matters as and when required. The manager stated that a number of key policies were currently being reviewed by the agency.

There was evidence of regular and effective staff supervision, appraisal, and management of performance issues. The arrangements in place to manage incidents and complaints include measures to prevent recurrence of issues.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary. The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

During discussion with staff it was stated that:

- “Policies and procedures help you in work.”
- “Good practice is encouraged by the manager.”
- “We have a supportive and well led team.”
- “We have good training and good guidance.”
- “We are very accepting of change.”

Seven returned questionnaires from staff indicated:

- The service is managed well
- Were satisfied that quality monitoring is undertaken regularly for both staff/volunteers and people who use the service

Staff comments:

- “I will always continue to learn and improve throughout all aspects of care.”

Five returned questionnaires from service users indicated that:

- They feel the service is managed well
- They were satisfied that any concerns or complaints would be listened to and responded to

Service users’ comments:

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

No requirements or recommendations resulted from this inspection.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards.



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