

Unannounced Domiciliary Care Agency Inspection Report 09 June 2016



Peter's Hill

Domiciliary Care Agency – Supported Living
28 Lime Court, Peter's Hill, Belfast, BT13 1BA
Tel No: 02890315829
Inspector: Audrey Murphy

www.rqia.org.uk

1.0 Summary

An unannounced inspection of took Peter's Hill place on 09 June 2016 from 09:30 to 16:00.

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?

Competent delivery of safe care was evident on inspection. The agency has in place robust recruitment systems and ensures that there is at all times an appropriate number of suitably qualified, competent and experienced staff to meet the needs of service users.

The agency has arrangements in place to promote the welfare, care and protection of service users and to ensure that risks are identified and managed.

No areas for quality improvement were identified during the inspection in relation to 'Is Care Safe'?

Is care effective?

Competent delivery of effective care was evident on inspection. The agency responds appropriately to meet the individual needs of service users through the comprehensive assessment of need and the development and review of person centred care plans. The agency has in place robust systems for review and monitoring of quality of care in conjunction with service users, and where appropriate their representatives, and for providing ongoing assurance of continuous improvement of services.

No areas for quality improvement were identified during the inspection in relation to 'Is Care Effective'?

Is care compassionate?

Competent delivery of compassionate care was evident during the inspection. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes and the provision of individualised care and support. Service user feedback reflected warm relationships with staff and the delivery of person centred care.

No areas for quality improvement were identified during the inspection in relation to 'Is Care Compassionate'?

Is the service well led?

Competent delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. The agency has in place robust management and governance systems to meet the needs of service users.

Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery and operate the agency in accordance with the regulatory framework.

No areas for quality improvement were identified during the inspection in relation to 'Is the service well led'?

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Kelly Devlin, 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 inspection

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

2.0 Service details

Registered organisation / registered person: Inspire Wellbeing Limited/Ms Kelly Louise Devlin	Registered manager: Ms Kelly Louise Devlin
Person in charge of the agency at the time of inspection: Ms Kelly Louise Devlin	Date manager registered: 20 January 2015

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection.

The following records were examined during the inspection:

- Three service users care records including HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Staff meeting minutes
- Service users' meeting records
- Staff training records
- Supervision Policy, February 2016
- Records relating to staff supervision and appraisal
- Complaints records
- Incidents, Accidents and Near Miss Procedure
- Incident records
- Safeguarding Children and Vulnerable Adults Policy, February 2016
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Induction procedures and checklist
- Staff induction records
- Staff rota information
- Internal Audit Policy, January 2016
- Staff Handbook
- On call arrangement Policy, February 2016
- Recruitment and selection Policy; August 2015
- Referral, care and support planning, and review Policy
- Performance Management procedures
- Whistleblowing Policy, March 2016
- Complaints Procedure, November 2014
- Confidentiality Policy, March 2016
- Statement of Purpose
- Service User Guide
- Service Users Participation Strategy, August 2015.

During the inspection the inspector met with four service users, the registered manager, four care staff, a student nurse on placement and an Assistant Director.

Questionnaires were distributed for completion by staff and service users during the inspection; nine staff and two service user questionnaires were returned.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

4.0 The inspection

Peter's Hill is a domiciliary care agency (supported living type) provided by Inspire Wellbeing Limited. The supported living service has been developed in partnership with the Belfast Health and Social Care Trust, Choice Housing Association and the Northern Ireland Housing Executive's Supporting People Programme.

The supported living service is provided to up to 13 individuals with learning disability, mental health needs and some with a physical disability. At the time of the inspection there were 11 individuals in receipt of a service.

Discussion with the registered manager, staff and service users provided evidence of positive outcomes for service users; details of which have been included within this report.

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

4.3 Is care safe?

The agency's staffing arrangements were reviewed during the inspection. The agency maintains an alphabetical list of staff and records of the staffing commissioned by the HSC Trust and the Supporting People Programme.

The agency's recruitment and selection policy outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to employment. The inspector was advised that a recruitment process had recently been undertaken and two team leaders had been appointed.

The agency's induction procedures were examined and included a structured programme of induction lasting at least three days. New staff are issued with an induction handbook and an induction checklist is completed by new staff and the experienced member of staff undertaking the induction.

The agency has a procedure for the induction of short notice/emergency staff and for verifying their identity prior to supply; it was identified from discussions with staff and the registered manager that staff from other agencies are supplied infrequently and that Peter's Hill staff generally provide cover for absent colleagues.

The arrangements for the management of the agency in the absence of the manager were discussed and staff advised the inspector of the on call arrangements in place. Staff competency assessments had been completed for staff who were responsible for the management of the agency in the absence of the manager.

All of the service users and staff who participated in the inspection indicated that staffing levels were adequate and that there were at all times enough staff to meet the needs of service users. One member of staff commented: "Staffing is great, there is more than enough staff".

The inspector was advised of a change in the working patterns of staff following a review of staff duty rotas. Revised working arrangements had resulted in increased continuity of service provision and the inspector was advised that the revised working patterns had contributed to a reduction in staff sickness absences and in the numbers of incidents occurring.

Information about daily staffing provision was available to service users in the communal area of the building and photographs of staff being supplied were on display outside the office.

The agency's supervision policy outlines the frequency and procedure to be followed and staff confirmed they receive regular supervision. Supervision records viewed on display in the manager's office provided further evidence of this and all staff who returned a questionnaire confirmed they receive supervision and appraisal.

Staff who returned a questionnaire also indicated that they receive appropriate training and the agency's training records reflected uptake in training in all of the mandatory areas. Staff had also received training in records management and mental health.

Staff members who returned a questionnaire commented:

"The service users are always paramount and are provided with a high level of support and care; staff are appropriately trained and supervisions are 4-6 weekly".

"Staff are well trained in defusing techniques and in preventing service users being in harms way".

The inspector examined the agency's provision for the welfare, care and protection of service users. The agency has in place a policy relating to the safeguarding of vulnerable adults. The registered manager described the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015; it was noted that the organisation has reviewed and updated their policy and procedures to reflect information contained within the policy. The manager described the role and support provided from the identified designated officer for the organisation.

Staff who participated in the inspection appeared knowledgeable in relation to their role in promoting the safeguarding of service users; all staff had received induction and ongoing training in this area and there were arrangements in place to ensure that all safeguarding concerns were recorded and reported appropriately.

The agency's safeguarding records were examined and included details of all safeguarding referrals made to the HSC Trust, the outcome of the referral and the date of any closures. The records provided evidence of timely reporting and the agency's full participation in safeguarding investigations and the implementation of protection plans.

Staff were aware of their responsibility in highlighting and raising concerns about poor practices and had knowledge of the agency's whistleblowing policy.

The agency's referral, care and support planning outlines the process for assessing and reviewing risk; it details the expectation that risk assessments and management plans are completed in conjunction with service users and where appropriate their representatives. At the time of the inspection referrals had been received from the HSC Trust in respect of two new prospective service users. The registered manager described the agency's arrangements for liaising with the Trust and were holding a selection panel meeting on the day of the inspection to consider the referral information received.

It was noted from records viewed and discussions with staff that risk assessments are reviewed three monthly. The agency's monthly quality monitoring arrangements include an audit of risk assessments and any restrictive practices in place.

The agency's registered premises are separate from the service users' accommodation; the premises include a number of offices which are suitable for the operation of the agency as described in the Statement of Purpose.

All of the staff and both service users who returned a questionnaire indicated overall satisfaction with the provision of safe care.

Areas for improvement

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 effective?

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Information relating to the nature and range of services provided is detailed within the agency's Statement of Purpose (October 2014) and Service User Guide which had been updated in January 2016.

The care records reviewed provided evidence of service user involvement and had been written in the first person. Where appropriate, the care records had been produced in a range of formats including pictorial and large print. Service users had signed their care records and consent had been obtained from service users in respect of any practices that were regarded as restrictive. Written consent had also been obtained for the inspector to view the service users' records.

The care records contained evidence of human rights considerations and of the involvement of the service user, their representative and 'key worker' in their development. It was evident from the care records that service users have regular consultations with staff and that their assessments and care plans are kept under regular review.

From discussions with staff and records viewed it was identified that the agency has in place robust arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users.

Staff members who returned a questionnaire commented:

"Service users work in partnership compiling care and support plans. Reviews are held and involve service users and their families".

"Care plans are person centred and done with the service user; they are reviewed regularly as needs change".

The agency maintains records of meetings held with service users and these provided evidence of discussions about the supply of staff, changes in staff working patterns, outings and activities. The agency has held meetings with relatives of service users and has sought feedback from service users' representatives.

The agency maintains a ‘Complaints, Compliments and Concerns Policy’ and there was information in relation to complaints in the service user guide and within the communal areas adjacent to the agency’s office. The agency’s service user guide also provides information in relation to advocacy services.

The manager stated that they are required to complete a weekly audit checklist and monthly operational report. Monthly quality monitoring visits are completed by an assistant director within the organisation and an action plan developed. Records viewed included the views of service users, their relatives and where appropriate relevant professionals. The documentation includes details of the review of complaints, compliments, accidents, incidents or safeguarding concerns and in addition audits of staffing, documentation and financial management arrangements are completed. The registered manager stated that they are required to record when any actions identified in the action plan have been completed.

Service users who participated in the inspection provided positive feedback in relation to the availability and quality of care and support provided by staff. Service users who spoke with the inspector commented:

“I love it here, the staff help me. I can choose what I want to do and staff listen to me”.

“I have a key worker, she helps me and makes time for me”.

“I love it here, the staff are great. They help me, keep me calm and talk to me”.

Staff who met with the inspector advised that they have adequate time to spend with service users and that they don’t feel rushed or under pressure. Staff provided positive feedback in relation to their revised working pattern and stated that this has had a positive impact on the quality and continuity of service provision.

All of the staff and both service users who returned a questionnaire indicated overall satisfaction with the provision of effective care.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The inspection sought to assess the agency’s ability to treat service users with dignity, respect and equality, and to fully involve service users in decisions affecting their care, support and life choices.

It was evident from speaking with service users that they had been fully involved in planning their care and that the service users’ views and preferences were valued by staff.

The agency has satisfactory arrangements in place for seeking and responding to the views of service users including one to one key worker meetings, service user group meetings, relatives meetings and service user review meetings.

The agency has a 'Service User Participation Strategy' which outlines the provider organisation's arrangements for ensuring that the views of service users are obtained and that they inform the organisation's strategy. Two service users advised the inspector that they had attended a Service User Involvement Group meeting on the morning of the inspection.

Staff who participated in the inspection demonstrated their awareness of the agency's Confidentiality Procedure and staff provided examples of how they promote respect, dignity and the privacy of service users. The consent of service users in respect of care practices was noted within their care records and service users had been asked for their consent in relation to sharing information in their care records. A member of staff who met with the inspector advised that "Service users can choose what they want, they all have their own front door bells and staff respect their privacy".

The inspector was advised of the outcome of a questionnaire issued to service users by the agency. Seven service users responded and indicated that they were all fully:

- satisfied with the care and support received
- asked about what is important to them and what they like
- treated fairly and with respect.

Agency staff who returned a questionnaire to RQIA provided the following comments:

"We are very service user focussed with a lot of service user involvement and person centred care plans".

"Staff working with service users have a good value base showing partnership, empowerment, respect and dignity. Service users are listened to at their review, key working sessions and service user meetings".

"I feel that some staff can come across more compassionate than others".

"Staff are encouraged to reflect on their practice to ensure that challenging service users are shown proper respect".

All of the staff and both service users who returned a questionnaire indicated overall satisfaction with the provision of compassionate care.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The agency is managed by the registered manager who has support from a deputy manager and team leaders. The registered manager receives supervision from an assistant director who also undertakes quality monitoring of the service provision.

The agency's complaints, compliments and concerns policy outlines the procedure for handling complaints and it was noted from records viewed that the agency has received no complaints

for the period 01 April 2015 to 31 March 2016. Staff who met with the inspector indicated that they were familiar with the complaints procedure. The inspector noted that the agency had maintained records of compliments received by a range of stakeholders including service users' relatives and the HSC Trust.

Agency staff and service users advised the inspector of the arrangements in place for service users to provide their views on the services provided; these included one to one meetings with nominated staff members, during review meetings, service user group meetings and during monthly quality monitoring visits.

Staff who returned a questionnaire provided the following comments:

"All service users receive their care and support to a high standard; the assistant director, manager, deputy and team leaders regularly complete audits".

"I feel the service is very well led with very competent team leaders, deputy and manager".

"Management are very supportive to staff and service users ensuring quality services are provided".

The registered person's system for evaluating the quality of the services provided by the agency was examined. This includes a monthly monitoring visit to the agency's office from an assistant director, on behalf of the registered person. The monitoring reports of these visits were examined and contained a summary of the views of service users, their representatives, agency staff and HSC Trust staff.

Documentation viewed and discussions with the registered manager evidenced that the agency's governance arrangements promote the identification and management of risk; these include appropriate policies and procedures, regular audit of complaints, safeguarding incidents, incidents notifiable to RQIA, a risk assessment report relating to risks to staff and restrictive practices. The agency's monthly incident review and analysis documentation was examined and contained a range recommendations and contributing factors.

A range of the agency's policies and procedures was examined and these were available to staff via the agency's intranet and in hard copy. It was noted that these had been reviewed in accordance with the timescales outlined in the Minimum Standards.

The agency has in place management and governance systems to drive quality improvement. Arrangements for managing and monitoring of incidents and complaints include mechanisms for auditing, identifying trends and reducing the risk of recurrences. Records viewed provided evidence of appropriate staff supervision, appraisal, and management of performance issues.

All of the staff and both service users who returned a questionnaire indicated overall satisfaction with the provision of a well led service.

Areas for improvement

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 provider from their responsibility for maintaining compliance with the regulations and standards.



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