



The Regulation and
Quality Improvement
Authority

Peter's Hill
RQIA ID: 12245
28 Lime Court
Peter's Hill
Belfast
BT13 1BA

Inspector: Audrey Murphy
Inspection ID: IN022274

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**Unannounced Care Inspection
of
Peter's Hill**

12 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 12 May 2015 from 09.40 to 16.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 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.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 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 can be found in the main body of the report.

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

Service Details

Registered Organisation/Registered Person: Peter Arthur James McBride	Registered Manager: Kelly Louise Devlin
Person in charge of the agency at the time of Inspection: Kelly Louise Devlin	Date Manager Registered: 20 Jan 2015
Number of service users in receipt of a service on the day of Inspection: 11	

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, OakleeTrinity Housing Association and the Northern Ireland Housing Executive's Supporting People Programme.

The supported living service is provided to individuals with learning disability, mental health needs and some with a physical disability.

2. Inspection Focus

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

Theme 1 - Staffing arrangements

Suitable staff are supplied to meet the assessed needs of service users

Theme 2 – Service User Involvement

Service users are involved in the care they receive

3. Methods/Process

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

Prior to inspection the following records were analysed:

- The previous inspection report (pre-registration) and quality improvement plan
- Notifiable events forms submitted to RQIA by the agency

Three incidents relating to medications had been reported to RQIA since the previous inspection and the records of these reflected appropriate immediate action taken. Agency staff had also advised RQIA of an adult safeguarding matter and the records of this were discussed and examined during the inspection.

During the inspection the inspector met with three service users and with five staff. The inspector distributed questionnaires to staff and service users during the inspection and 10 of these were returned by staff and three by service users before the end of the inspection. A further two questionnaires were forwarded to RQIA by service users following the inspection. During the inspection the registered manager forwarded a list of service users' representatives and relevant HSC Trust professionals who had agreed to be contacted by RQIA for the purposes of obtaining their views on the quality of service provision.

The inspector spoke with two service users' relatives and with two HSC Trust professionals after the inspection. The views of service users, agency staff, service users' relatives and HSC Trust professionals have been incorporated into the body of this report.

The following records were examined during the inspection:

- The alphabetical index of staff
- The staff duty rota (current and archives)
- Team meeting records
- Service user meeting records
- Carers' meeting records
- Complaints/accidents/incidents records
- Monthly quality monitoring reports
- Staff induction records
- Staff handbook
- Staff supervision and appraisal schedules
- Agency policies on recruitment, induction, supervision, whistleblowing
- 3 care / support plans

4. The Inspection

4.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was a pre-registration inspection carried out on 7 May 2014. The completed QIP was returned and approved by the inspector.

4.2 Review of Requirements and Recommendations from the last Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 5, par (1)	<p>The Statement of purpose must include the range of qualifications of the domiciliary care workers supplied by the agency and the types of settings in which they are supplied to work. The nature and range of services to include any restrictive practices and use of CCTV; the status and constitution of the agency.</p> <p>The amended statement of purpose is to be forwarded to RQIA by 28 May 2014</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The agency's statement of purpose was forwarded to RQIA in accordance with the agreed timescale. The statement of purpose has been amended to include the qualifications of all of the staff, the use of CCTV and references to restrictive practices.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 2 Ref: Regulation 6 par (1)	<p>The agency's service user guide must include the correct details of the registered manager and reference any restrictive practices and the use of CCTV.</p> <p>The amended service user guide is to be forwarded to RQIA by 28 May 2014.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The agency's service user guide was forwarded to RQIA in accordance with the agreed timescale. The document makes appropriate references to the use of CCTV, restrictive practices and the contact details of the registered manager.</p>	
Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 3 Ref: Regulation 22 par (18)	<p>The agency's complaints procedures must include the contact details of the local HSC Trust and RQIA.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The agency's complaints procedures were examined and have been amended to include the contact details of the HSC Trust and RQIA.</p>	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 4 par(3)	<p>It is recommended that the service users' agreements outline the contract numbers for both in and out of hours contact with agency staff.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The service users' agreements were examined and were in accordance with this minimum standard.</p>	

5.3 Theme 1 - Staffing arrangements

Suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency's recruitment policy was examined and reflects the requirements of the regulations in relation to pre-employment checks. The registered manager advised the inspector that the recruitment of additional support staff is underway.

The agency's alphabetical index of staff was available for inspection. The records pertaining to each member of staff were examined and included confirmation of their qualifications and photographic identification.

The arrangements for the induction of permanent staff were examined and reflected an initial three day structured induction followed by further induction and training within the first week, first month and over the first three month period. The procedures set out the points at which the induction process is evaluated and these include through supervision, at the probation meeting, during group induction and at the probation review.

The agency's Induction Awareness Handbook was examined and included descriptions of the various care and support tasks to be undertaken by agency staff. The handbook also refers to Adult Safeguarding procedures and provides guidance on restraint and restrictive practices, health and safety, handling service users' finances, moving and handling, infection control, medication management and provides guidance on training opportunities and methods of training. Agency staff sign the handbook to confirm their receipt of it.

The agency's Induction Policy and Procedures were examined and contained the arrangements for employing permanent staff and staff from other agencies. The procedure includes a flow chart and guidance on providing staff cover.

The agency has appropriate arrangements in place for the induction of staff who are obtained at short notice or in emergencies. Induction procedures include actions to be completed prior to the new worker's arrival at the service including obtaining references, summary of experience, Access NI number, photographic identification, qualifications and training. These checks are signed by the manager arranging the cover.

The agency has a 'New Employee Training Plan' which sets out the schedule for the receipt of training in the mandatory areas. New staff are also involved in reflective discussions in relation to challenging behaviour and safeguarding vulnerable adults.

The agency's Supervision Policy was examined and sets out the frequency and duration of supervision provided to full time and part time staff members. The registered manager discussed the arrangements for the delivery of staff supervision and provides supervision to the team leaders. The team leaders provide supervision to a number of support staff.

Staff have a supervision contract and staff who participated in the inspection confirmed they receive supervision in accordance with the agency's policy on supervision.

All of the staff who returned a questionnaire indicated that they were either 'Satisfied' or 'Very Satisfied' that there is at all times an appropriate number of suitably skilled and experienced persons to meet the service users' needs.

Is Care Effective?

The records of the staff hours commissioned for care and support were examined and reflected the amount of care hours and the amount of housing support hours allocated. The staffing levels at the time of the inspection were discussed and service users can avail of care and support 24 hours per day. Staffing is provided by the registered manager, deputy manager, team leaders and support staff.

The agency's on call arrangements were discussed and there is a rota in place for senior staff to respond in emergencies.

The agency's staff rotas were examined and the shift patterns were clearly outlined. The staff rotas examined reflected the staffing compliment documented and described by the registered manager. A HSC Trust professional who contributed to the inspection stated that all of the service users they represent receive the appropriate level of care and support.

The agency's 'Support and Care Workers Staff Handbook' was examined and provides guidance on professional behaviour, conduct, roles and responsibilities, record keeping requirements. Staff were noted to have signed the handbook to verify their receipt of it.

The agency has an Induction procedure and checklist, whistleblowing procedures and 'Maintaining Professional Boundaries' procedure. The agency also maintains a copy of NISCC 'Codes of Practice for Social Care Workers and Employers of Social Care Workers'.

The agency's induction procedures include guidance for the member of staff completing the induction with the new worker. The induction record is signed off at the end of the third induction day by the new member of staff and the manager completing the induction process.

The agency's Induction Awareness Handbook sets out guidance on the identification of training needs at the point of induction. Staff are also advised of the mandatory training to be completed during their induction and probation period.

Agency staff who met with the inspector described the range of training and induction they had received and confirmed that any additional training needs can be raised during supervision.

All of the staff who returned a questionnaire indicated that they were either 'Satisfied' or 'Very Satisfied' that the agency's induction process prepared them for their role.

All staff undertaking supervision have received training in this area and the schedule of supervision meetings undertaken and scheduled were examined and were consistent with the frequency outlined within the agency's policy.

The records of supervision are maintained by agency staff and monitored regularly by the registered manager. The provision of supervision is commented on within the reports of the monthly quality monitoring visits to the agency undertaken on behalf of the responsible person.

As the service has been operational for three months at the time of the inspection, not all staff had received their appraisal. The registered manager described the arrangements and schedule for the forthcoming appraisals of staff.

The agency's Whistleblowing procedure was examined and all of the staff who returned a questionnaire indicated that they were either 'Satisfied' or 'Very Satisfied' that Whistleblowing policy is accessible to all staff.

Is Care Compassionate?

The photographs of the staff available to support service users are displayed at the entrance to the service users' home and are changed daily to reflect staffing shift patterns. The agency provides to service users a list of all staff available to be supplied, their shift patterns, the organisational structure and contact details of the team leader.

Each service user has a nominated team leader and group of support staff aligned to them. Agency staff reported that continuity of care is achieved in a number of ways including through regular team meetings and handovers.

At the time of the inspection there were no other domiciliary care agency staff being supplied to work with the service users.

The agency's Performance Improvement Plan was examined and contains a range of measures and actions for the evaluation and monitoring of staff performance. The agency has a probation process for new employees which sets out the stages at which the performance of the new worker is monitored within the agency's performance management systems.

The inspector observed agency staff interacting with service users in a person centred and professional manner. Service users who participated in the inspection spoke very positively of their relationships with staff and the following comments noted:

"You couldn't get better staff, this place is great"

"I love it here, the staff are fantastic"

"They give you all the help you need, they're really friendly"

Service users' meetings have been held and the records of these reflect discussions about staff changes, accessing staff and the role of RQIA.

Areas for Improvement

N/A.

Number of Requirements	0	Number Recommendations:	0
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5.4 Theme 2 – Service User Involvement

Service users are involved in the care they receive

Is Care Safe?

The inspector examined three care/support plans and copies of the service users' needs assessments and care plans are provided to them and are stored in their individual apartments. Restrictive practices, where appropriate, were referenced within the care records and risk assessments and rationales for restrictions made appropriate references to the service users' human rights. There were Best interests Checklists and Decision Records in place for those service users who lack capacity to fully participate in their care/support planning.

The needs assessments and care plans were written in a person centred manner and reflected the wishes, preferences and choices of individual service users. Where possible, service users had signed their risk assessments and care plans.

All of the service users who returned a questionnaire indicated that they were either 'Satisfied' or 'Very Satisfied' that staff help them feel safe and secure in their home and that staffing levels are appropriate.

Service users' relatives who contributed to the inspection advised the inspector of a meeting that had been held with service users' relatives and agency staff. This was described as a useful opportunity to meet with and get to know agency staff.

Is Care Effective?

All of the service users have had a review of their needs and care by the HSC Trust and agency staff reported that initial care/support plans are in the process of being modified to include more person centred tools and to reflect the wishes and preferences of the service users in their current environment.

Agency staff outlined a range of measures in place to seek the views of service users and provided several examples of changes made to service users' care/support plans following feedback received from the service user. A HSC Trust professional who contributed to the inspection stated that communication between agency staff and the Trust is excellent and that service users' views are represented during care management reviews.

Service users have been extensively involved in the transition from previous care environments to their accommodation at Peter's Hill. Some service users who participated in the inspection described the progress they had made since moving to their new address. Service users have been provided with accessible information in relation to their human rights.

A relative of a service user who contributed to the inspection commented:
"He's so happy there; it's the best thing for him, he's learning to be more independent".

A relative of a service user commented on the smooth transition their relative had between their previous and current accommodation.

Agency staff who participated in the inspection demonstrated their awareness of human rights and could link this with their care practices. Staff advised the inspector of the emphasis placed on the service users' choices and the promotion of their empowerment through involving them in planning their care and support. It was evident from speaking with service users and staff that service users' choices are sought and incorporated into daily routines and into the care and support plans of individuals.

All of the service users who returned a questionnaire indicated that they were either 'Satisfied' or 'Very Satisfied' that staff know how to care for them and that their views and opinions are sought about the quality of the service.

The agency's complaints records were examined and there have been no complaints received.

Is Care Compassionate?

Service users have in place a timetable which outlines the times of their care and support. This is supplied to service users with their needs assessment, care plan and list of staff available to meet their needs. It was evident that staff were very mindful that some service users had not experienced a tenancy of their own previously. Through discussions with the inspector staff demonstrated compassion and an understanding of the personal challenges for the individuals in receipt of their care/support. There was strong evidence of staff responding flexibly and sensitively to the needs and preferences of service users.

All of the staff who returned a questionnaire indicated that they were either 'Satisfied' or 'Very Satisfied' that service users have their views and experiences taken into account in the way service is provided and delivered.

Areas for Improvement

N/A.

Number of Requirements	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

N/A.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Kelly Devlin	Date Completed	4.6.15
Registered Person	Peter McBride	Date Approved	04.06.15
RQIA Inspector Assessing Response	Audrey Murphy	Date Approved	05/06/15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to agencies.team@rqia.org.uk from the authorised email address

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.