

Unannounced Care Inspection Report 25 June 2018



Peter's Hill

Type of Service: Domiciliary Care Agency
Address: 28 Lime Court, Peter's Hill, Belfast, BT13 1BA
Tel No: 028 9031 5829
Inspector: Jim McBride

www.rqia.org.uk

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

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 13 individuals in receipt of a service. Care and support is provided by 60 staff.

3.0 Service details

Organisation/Registered Provider: Inspire Disability Services Responsible Individual: Mr William Henry Murphy	Registered Manager: Catherine Anne McCarthy
Person in charge at the time of inspection: Catherine Anne McCarthy	Date manager registered: 18/10/2017

4.0 Inspection summary

An unannounced inspection took place on 25 June 2018 from 09.00 to 15.30.

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

The inspection assessed progress since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

The inspection assessed progress since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led. Evidence of good practice was found in relation to:

- staff training
- staff recruitment
- service user consultation
- quality monitoring
- the provision of compassionate care and governance arrangements.

Staff comments:

- “Supervision and appraisal is good and it’s very confidential.”
- “Good induction and training.”
- “Good staff communication.”
- “Good staff team we get on well together.”
- “My induction was good and the team leaders supported me well.”
- “As an outside agency staff member, I had an excellent induction and have had ongoing support from all staff.”
- “Tenants come first with staff and we have good person centred care in place.”
- “The manager is supportive and encourages all training.”

Service user comments:

- “This is a home not like the hospital I lived in.”
- “I have more choice here.”
- “I can talk to any staff members.”

- “All the staff are good they listen to you and help.”
- “I would like more independence.”
- “I feel safe and secure here.”
- “I have good choice and independence, it’s great.”
- “No complaints or concerns.”

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Catherine Anne McCarthy, registered manager as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 7 December 2017

No further actions were required to be taken following the most recent inspection on 7 December 2017.

5.0 How we inspect

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

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection.

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

- discussion with the manager
- discussion with staff
- discussion with service users
- examination of records
- evaluation and feedback.

The following records were viewed during the inspection:

- service users’ care records
- monthly quality monitoring reports
- staff meeting minutes
- staff induction records
- tenant meetings records

- staff training records pertaining to:
 - safeguarding
 - medication
 - governance and quality
 - CPDR essentials
 - equality and diversity
 - RESPECT
 - person centred care
 - managing service users monies
 - challenging behaviour
 - professional boundaries
- records relating to staff supervision
- complaints records
- staff rota information
- safeguarding policy (2017)
- confidentiality policy (2018)
- whistleblowing policy (2018)
- data records policy (2017)
- risk management policy (2017)
- complaints policy (2018)
- statement of Purpose (2017)
- service user guide (2017).

During the inspection the inspector met with the registered manager four team leaders, three support staff members and one outside agency member of staff. The inspector also had the opportunity to meet with four individual service users, during this unannounced inspection, and did observe other service users going about their daily activities.

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report fourteen staff views had been returned to RQIA via Survey Monkey.

Staff survey results show that staff were satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel that the service is managed well?

Comments:

- “I feel I am very supported by my manager and all of the staff team. The service users are at the core of the day to day work and I really enjoy working at Peter’s hill. I have had many opportunities for development within the scheme which has enabled me to provide a high standard of practice.”
- “There have been significant changes since the previous manager was seconded but the changes have all been positive and a better working environment for staff with more enthusiastic staff to provide a high level of care to the service users.”
- “I’m very happy working with inspire because service users here are treated with dignity, respect and compassion.”

The inspector also asked the manager to distribute ten questionnaires to tenant's. Seven service user questionnaires were returned.

The inspector requested that the registered manager place a 'Have we missed you...?' card in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. At the time of writing this report no views had been returned to RQIA.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 December 2017

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 7 December 2017

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.

Staff recruitment is co-ordinated and processed by the organisation's human resources (HR) department. Documentation viewed and discussions with the manager indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work until required pre-employment checks as outlined within the minimum standards have been satisfactorily completed and verified. The manager could describe the process for obtaining confirmation that staff are available to commence employment.

The agency's training and development policy outlines the induction programme lasting at least three days, which is in accordance with the regulations. Records viewed and discussions with the manager showed how that staff are required to attend corporate induction training and are required to complete an induction competency workbook. Staff are required to shadow other experienced staff employed by the agency for approximately two weeks during induction.

This was confirmed by the staff interviewed. Staff are provided with a staff handbook and have access to the agency's policies and procedures online.

The agency retains a record of the induction programme provided to staff; documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff. The manager is required to sign all records to confirm that the staff member has been deemed competent at the end of the probationary period.

Discussions with the manager indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual service users.

The agency's staff rota information viewed by the inspector reflected staffing levels as described by the manager; the rotas denoted the person in charge on each shift. The inspector viewed rota information for weeks ending: 17/6/18, 24/6/18 and 1/7/18, the records in place were satisfactory.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal. Records viewed by the inspector indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures.

It was identified that the agency maintains an individual record for all staff detailing dates of competency assessments, training completed and details of registration status with relevant regulatory bodies such as Northern Ireland Social Care Council (NISCC).

The agency has an electronic system in place for managing staff training; the manager could describe the process for identifying gaps in training in conjunction with the organisations training department. Staff are required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. Training provided to staff is a combination of classroom based and E Learning. A system is in place to review staff mandatory training and update training as required.

The inspector noted some of the comments made on learning by staff following training:

- "I have learned how to deal with a service user in crisis."
- "I gained further knowledge of the signs and symptoms of abuse."
- "I have learned how I can improve service to individuals."
- "I learned how to look for signs of mental health disorder and what processes people go through."
- "Good knowledge and understanding of behaviours that challenge."
- "Understanding my role in investigations."
- "I can use what I have learned to de-escalate behaviours that challenge."
- "I gained better knowledge of Inspire to enhance the lives of service users."
- "I can use what I have learned in my job every day."

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The agency

has updated their policy and procedures to reflect information contained within the policy. The organisation has identified an Adult Safeguarding Champion (ASC); the staff could describe their key areas of responsibility. The agency's policy and procedures clearly detail the process for staff on reporting concerns.

The manager and staff demonstrated a clear understanding of safeguarding issues; and could clearly describe the procedure to be followed which is in accordance with the agency's policy and procedures.

Training records viewed by the inspector indicated that staff had received training in relation to safeguarding. From training records viewed staff are required to complete safeguarding training during their induction programme, an online update annually and a classroom based update two yearly.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's risk management policy outlines the procedure for assessing and reviewing risk; it details that comprehensive risk assessment and safety management plans are required to be completed in conjunction with service users. Service users are supported to participate in a six monthly review involving their HSC Trust keyworker and that care and support plans are reviewed six monthly or as required.

A number of service users have more frequent reviews in conjunction with their identified HSC Trust representative due to the nature of their individual needs. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly review arrangements include an audit of risk assessments and any practices deemed to be restrictive.

The inspector noted some of the comments made by service users during their reviews:

- "I'm settled in here."
- "It's brilliant."
- "I'm really happy here and have progressed well in two years."
- "I'm happy with the care and support."

Two returned questionnaires from service users indicated that safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: Recruitment, induction, training, supervision and appraisal; adult safeguarding and management of risks.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The agency's data retention policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely. Staff records indicated that they had received training relating to record keeping, confidentiality and data protection. On the day of inspection the agency's staff personnel and service users' records were retained securely and in an organised manner.

The manager could describe how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care plans. During the inspection the inspector viewed a number of service user care records; staff record daily the care and support provided and that the views and choices of service users are reflected.

Discussions with the manager indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by a range of service managers and assistant directors and an action plan is developed if required. The monitoring officer has ensured that each quality monthly monitoring report includes an effective level of detail of the findings during the visit. The inspector noted some of the comments from service users, staff, relatives and HSC Trust professionals:

Service user comments:

- "Staff support me well."
- "I'm happy with the care and support I receive."
- "I'm happy living here with the quality of the support."

Staff comments:

- "My induction and the managers' support was very good."
- "Training helps inform my practice."
- "Good team working."
- "My induction shadowing was good."

Relatives' comments:

- "I'm very happy with the support ***** receives."
- "Staff look after **** well."
- "I would speak with the manager if I had any concerns."

HSC Trust Comments:

- "Good quality of service provision."
- "Good ongoing resettlements."

The inspector viewed records of quality monitoring visits and noted that there is evidence that the system is effective. The records includes details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation, finance and training.

The manager could describe a range of ways in which the agency seeks to maintain effective working relationships with relatives, HSC Trust representatives and other stakeholders.

Discussions with the manager and observations made during the inspection indicated that the agency has systems to promote effective communication between service users, staff and other key stakeholders. Observations of staff interactions with service users during the inspection indicated that they communicate appropriately with service users.

Tenant and staff meetings are facilitated within the agency staff are required to sign the minutes of meetings to indicate that they have read and understood the matters discussed and the information provided.

The inspector noted some of the areas discussed during tenant and staff meetings:

- activities
- staff changes
- key workers
- concerns
- new tenants
- CDPR
- new standard
- communication
- respecting others
- anti-stigma
- day opportunities
- cultural awareness.

Staff meetings:

- training
- tenant overview
- new staff
- NISCC
- communication
- professional boundaries
- care and support plans
- medication

Seven returned questionnaires from service users indicated that effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders.

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.

Discussions with the manager and observations made by the inspector indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe examples of how they support service users to take positive risks to enable them to live a more fulfilling life. Staff have been provided with training and information in relation to human rights and confidentiality during their induction programme. The agency has provided service users with information relating to human rights, advocacy and adult safeguarding.

From observations of staff interactions with service users during the inspection it appears that staff endeavour to provide care in an individualised manner and strive to ensure that service users are encouraged and supported to make informed choices.

Processes to effectively engage and respond to the comments and views of service users and where appropriate their representatives are maintained through the agency's complaints process, one to one meetings with service users, monthly quality monitoring visits, six monthly care review meetings involving HSC Trust keyworkers, stakeholder and service user meetings.

Positive feedback was received from the annual customer satisfaction survey completed by the agency including the areas that service users had the opportunity to comment on:

- Staff support me to ensure my house looks well inside and out and everything is in working order.
- I am happy with my house and the support and care I receive.
- I feel safe in my own home and where I live.
- I can understand the information given to me. It is easy to read or in another format.
- Staff ask me about what is important to me and what I like.
- Staff talk to me about changes within Inspire or within my own service.
- Staff treat me fairly and with respect.
- Staff talk to me when something is bothering me and staff support me to make a complaint when I need to.
- Staff support me to attend activities in my local area.
- Staff support me to do the things I want to do on my own.

Comments received from service users during the annual survey:

- "Staff at Peter's Hill are doing a good job supporting me."
- "Do the garden up a bit because it's untidy."
- "More service user input to day to day ops."
- "More notice given for changes in scheme."

The agency also gave the opportunity to next of kin to comment on the following:

- Are you happy with the overall service provided?
- Are you happy with the care and support provided to your family member?
- Do you see any changes in your family member's health and wellbeing since they came to the service?
- Are you happy with the visiting arrangements, and do you feel welcomed when coming to visit?
- Are there any issues or recommendations you would like to share in order for us to improve the quality of the service?
- Would you like us to communicate more frequently e.g. in writing, by phone, by email?

Some comments received from next of kin during the annual survey:

- "It is very early days as she has only moved in less than a fortnight ago – but so far I'm satisfied."
- "She has gained weight and become more confident."
- "Improved health."
- "Very happy with the present arrangements."
- "Staff have been very friendly and helpful so far."

Observations made by the inspector during the inspection indicated that service users are encouraged to make choices regarding their individual daily routine and activities. The inspector noted that service users could speak to staff at any time.

Seven returned questionnaires from service users indicated that compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users.

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.

A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

The agency's complaints policy clearly outlines the procedures and timescales for managing complaints. Staff stated that they had received training in relation to complaints management during their induction; discussions with the manager indicated that staff have a clear understanding of the actions to be taken in the event of a complaint being received. It was identified from records viewed that the agency had received one complaint since the previous inspection. This was resolved satisfactorily.

There are management and governance systems in place within the agency to promote and drive quality improvement.

Discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of compliments and complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA. During the inspection the inspector viewed records that evidenced staff receive appropriate staff induction, training, supervision and appraisal.

The manager could describe the benefits of continually reviewing the quality of the services provided in identifying areas for improvement and highlighting good practice.

The inspector identified from records viewed and discussion with agency staff that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Discussions with the manager highlighted evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- safeguarding
- advocacy

- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness.

The agency's commitment to equality and individual person centred care is an area of positive practice and is to be commended.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The Statement of Purpose for the service was reviewed and revised by the provider in 2017. The document clearly describes the nature and range of the services to be provided and addresses all of the matters required by regulation 5 (1) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Evidence gathered at this inspection indicates that the service is operating in keeping with its Statement of Purpose. The manager stated that all staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency's policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the human resource department. Records viewed by the inspector indicate that staff are registered appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated. The agency's premises are suitable for the operation of the agency as described in the Statement of Purpose.

Seven returned questionnaires from service users indicated that a well led service meant:

- You always know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service
- You know how to make a complaint.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements and incidents.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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