



The Regulation and
Quality Improvement
Authority

Annadale Avenue
RQIA ID: 20076
29a Annadale Avenue
Belfast
BT7 3JJ

Inspector: Rhonda Simms
Inspection ID: IN23742

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**Unannounced Care Inspection
of
Annadale Avenue**

13 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 13 October 2015 from 09.45 to 15.45. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified as a result of the inspection and there is no Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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.

2. Service Details

Registered Organisation/Registered Person: Martin Dillon	Registered Manager: Renee Stewart
Person in charge of the agency at the time of Inspection: Renee Stewart	Date Manager Registered: 13/10/2014
Number of service users in receipt of a service on the day of Inspection: 8	

Annadale Avenue is a domiciliary care agency supported living type service which currently provides care and support to eight adults with a primary learning disability. In May 2015 the agency moved from a residential care setting to the current premises with seven service users, an existing staff team and new staff members. The agency is preparing to provide care and support to a further four service users and has recruited staff accordingly. The agency's staffing arrangements consist of the registered manager, a deputy manager, senior care and support workers and community support workers.

Service users receive care and support in their own individual apartments and staff are available to respond to the needs of service users 24 hours per day. The agency provides personal care and housing support to service users within a person centred ethos, with the aim of promoting their independence and choice.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following theme 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

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Report and QIP of previous RQIA care inspection
- Incident records
- Correspondence.

During the inspection the inspector met with the Operations Manager, registered manager, deputy manager, five support staff, three service users, and spoke with one relative and one community professional. Feedback received by the inspector is reflected throughout the report.

Staff questionnaires were left for completion; one was returned. This indicated that the staff member was very satisfied:

- That service users receive care and support from staff who were familiar with their care needs
- That service users have their views and experiences taken into account in the way service is provided and delivered
- That staff would be taken seriously if they were to raise a concern
- That the agency's induction process prepared staff for their role
- That there is an appropriate number of suitably skilled and experienced persons at all times to meet service users' needs.

Comments included:

'I feel the service users have benefitted in a very positive way with their move into supported living.'

Questionnaires were left for service users to complete, asking about various aspects of their care; none were returned. Three service users spoke with the inspector during the inspection and provided positive feedback regarding the care and support they receive at Annadale Avenue.

The following records were examined during the inspection:

- Care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Records relating to safeguarding
- Monthly monitoring reports
- Tenants' meeting minutes
- Correspondence records
- Documents relating to staff training
- Records relating to staff supervision
- Induction procedure and records
- Recruitment policy
- Supervision policy
- Complaints records
- Staff register
- Staff rota information
- Job description.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced pre-registration care inspection dated 6 and 11 February 2015. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13	The registered person must forward to RQIA confirmation that all staff personnel records reflect compliance with Regulation 13 (Schedule 3).	Met
	Action taken as confirmed during the inspection: Confirmation was provided to RQIA within the requested timescale that all staff personnel records reflected compliance with Regulation 13 (Schedule 3).	

Requirement 2 Ref: Regulation 21 (1)	The registered person must forward to RQIA confirmation that all staff personnel records reflect compliance with Regulation 21 (1) Schedule 4.	Met
	Action taken as confirmed during the inspection: Confirmation was provided to RQIA within the requested timescale that all staff personnel records reflected compliance with Regulation 21 (1) Schedule 4.	

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are satisfactorily completed, and to ensure that domiciliary care workers supplied are physically and mentally fit for the purposes of work. An alphabetical index of all domiciliary care workers supplied or available to work for the agency is maintained.

The agency has a structured induction programme which includes two days training specific to learning disability, a one day corporate induction, and a further two week period which includes shadowing experienced staff and meeting service users. The agency maintains a record of the induction provided to all staff, including details of the information provided during the induction period. Staff are provided with a handbook, and have access to policies, procedures, and guidance specific to the agency.

The inspector was advised that all shifts are covered by the agency's own staff, or in some cases from a consistent pool of bank staff employed in other agency services. The agency does not use staff from a domiciliary care employment agency. The registered manager advised of an appropriate process to verify the identity of all staff prior to their supply and provided supporting documentary evidence.

The agency has a policy and procedure in place for staff supervision and appraisal which details frequency. Staff feedback and the examination of records relating to supervision confirmed that staff receive supervision in line with policy and procedure.

Staff described how they can access informal supervision or consultation with a senior member of staff on call at any time if required.

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

Is Care Effective?

Discussions with staff indicated that an appropriate number of skilled and experienced persons are available at all times. Examination of rotas reflected staffing levels described by the staff. The inspector noted that a number of staff have worked with the agency for a period of years and have extensive knowledge of service users.

In May 2015 the agency moved to purpose built accommodation on Annadale Avenue with seven out of eight of the current service users. At this time the model of care changed from residential care to a supported living service. Staff provided positive feedback regarding the agency's preparation for change for both staff and service users, commenting that the move to a supported living type model has been beneficial for service users' independence and choice.

The inspector viewed a range of documentation which showed how staff are provided with a clear outline of their roles and responsibilities. Staff who took part in the inspection were clear about what the agency expected of them and could describe effective methods of communication within the agency.

The registered manager and deputy manager are in the process of inducting a number of new staff in preparation for an increase in service users who will be receiving care and support from the agency. Discussion and documentation demonstrated how new staff are given a wide range of practical experience by shadowing existing staff.

Staff feedback and examination of records indicated that the induction programme is effective in preparing new staff for their role. The agency has a process of evaluating the effectiveness of staff induction through supervision and observation.

Discussion with staff and examination of training records showed that the agency has a process in place to identify and respond to training needs.

Supervision and appraisal is provided in accordance with agency procedure, by staff who are appropriately trained for the role. Staff described a focus of the importance of supervision within the agency and discussed the preparatory work expected of all staff prior to supervision meetings.

Staff have access to all policies and procedures including the whistleblowing policy. It was noted that staff knew how to highlight concerns about poor practice to managers.

Overall on the day of inspection, care was found to be effective.

Is Care Compassionate?

The agency has a process to maintain records of comments made by service users in relation to staff arrangements through tenants' meetings, monitoring reports and the complaints system.

Staff who took part in the inspection showed an understanding of the impact of staff changes on service users. The registered manager discussed the implementation of the induction programme in terms of providing service users with opportunities to get to know new members of staff whilst they shadowed existing staff.

Induction records seen by the inspector showed that staff receive an induction specific to the needs of service users; this was supported by staff comments. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

Agency staff who took part in the inspection confirmed that they have appropriate knowledge and skills to carry out their roles and responsibilities; this was supported by comments from service users and relatives.

The agency maintains processes to address unsatisfactory performance of a domiciliary care worker.

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

Areas for Improvement

There were no areas for improvement identified in relation to Theme 1.

Number of Requirements:	0	Number of 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?

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or their representatives. The inspector reviewed a range of care and support plans devised with service users which reflected assessments of need and risk assessment.

There was evidence of positive risk taking in collaboration with the service users and/or their representatives. Following the move to new accommodation in a different area, a number of service users have required support to maintain independence in their usual activities in the community. Agency staff discussed examples of positive risk taking where service users were supported by staff to promote independence and choice.

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

Is Care Effective?

The agency maintains records of reviews which show that care is regularly evaluated and reviewed. The agency has a process of reviewing care and support plans monthly with service users, and a review which includes a community professional from the Trust occurs at least yearly. The views of service users and/or their representatives were clearly recorded in review records.

The inspector viewed a range of care and support plans which were written in a person centred manner, specifically included the service users' views throughout, and showed evidence of updating. The registered manager discussed an ongoing process of updating care and support plans to reflect service user's changing needs and wishes following the initial period of participating in a supported living service in new accommodation.

The agency has processes in place to ascertain and respond to the views of service users and their representatives, including monthly reviews with service users, tenant meetings, a complaints process, and monthly quality monitoring reports.

Staff have noted that some service users have changed how they express their views since moving to new accommodation. This has required agency staff to alter service provision accordingly.

The inspector met three service users in their homes and was shown how service users have exercised choice regarding the décor of the homes and pursuit of personal interests.

Service users have been provided with information relating to human rights and advocacy in a suitable format.

Overall on the day of inspection, care was found to be effective.

Is Care Compassionate?

During the inspection, the inspector observed staff interacting with service users in a manner which respected their individuality. The inspector visited three service users in their homes and discussed the choices they make about their daily activities. Discussions with staff showed that they knew and understood the needs and wishes of individual service users.

In the course of the inspection, the inspector observed agency staff encouraging and responding to the views of service users in a respectful manner. A relative who provided feedback commented positively on the manner in which staff interact with their relative.

Staff discussed how the move to single occupancy accommodation has provided service users with increased independence, privacy and control over who enters their homes. Staff have identified that some service users have increased confidence in expressing views.

The agency could demonstrate that the service users' views, capacity and consent have been taken into account in service delivery; examples of this were discussed during the inspection and seen in documentation. The agency was able to demonstrate ongoing promotion of human rights and the values underpinning the Minimum Standards. It was noted that values underpinning the Minimum Standards were evident in discussions with all agency staff.

Areas for Improvement

There were no areas for improvement identified in relation to Theme 2.

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

5.5.1 Complaints

The agency was not in operation during the reporting period 1 January 2014 - 31 March 2015.

The inspector examined records of six informal complaints and comments made since the agency became operational on 1 May 2015. The issues noted had been satisfactorily addressed and resolved.

5.5.2 Safeguarding issues

Records of safeguarding referrals were examined and discussed.

5.5.3 Quality Monitoring Reports

Reports of monthly quality monitoring completed on behalf of the registered person were examined during inspection. The reports ascertain and respond to the views of service users, relatives, professionals and staff. The reports progress on improvement issues identified by monitoring and RQIA Quality Improvement Plans and provide assurance of a robust system of quality monitoring.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Renee Stewart	Date Completed	04/11/15
Registered Person	Martin Dillon	Date Approved	04/11/15
RQIA Inspector Assessing Response	Rhonda Simms	Date Approved	06/11/15

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

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