The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Novara House

Provider: Southern Health and Social Care Trust

Date of Inspection: 27 January 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Southern Health and Social Care Trust
Responsible Individual/Responsible Person:	Mr Colm McCafferty – registration pending
Registered Manager:	Mrs Mairead McDonagh
Service Profile: This is a domiciliary care agency supported living type which provides personal care and housing support to up to 10 service users who have experienced mental health difficulties. Service users receive support and care in relation to their daily living skills and emotional wellbeing and are encouraged to become more independent.	

2.0 Inspection summary

An unannounced inspection was undertaken on 27 January 2025 between 10.00 a.m. and 3.45 p.m. by a care Inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff selection and recruitment, professional registrations, staff induction / training and adult safeguarding. The inspection also considered the reporting and recording of accidents and incidents, complaints management, whistleblowing arrangements, Deprivation of Liberty Safeguards (DoLS), service user involvement, the use of restrictive practices and dysphagia management.

No areas for improvement were identified during this inspection.

Good practice was identified in relation to governance and managerial arrangements, and the promotion of service user involvement.

We would like to thank the manager and staff team for their help and support in the completion of the inspection.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about Novara House. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Health and Social Care Trust.

Throughout the inspection process inspectors will seek the views of those living, working and visiting within the service; and review/examine a sample of records to evidence how the service is performing in relation to the regulations and standards.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of service provision. This included questionnaires and an electronic survey.

3.2 What people told us about the service and their quality of life

Through actively listening to a broad range of service users, RQIA aims to ensure that their lived experience is reflected in our inspection reports and, where appropriate, quality improvement plans. Comments received are summarised as follows:

Service Users' Comments:

● "Very well run buildings with supportive staff."

● "The staff in Novara are fantastic and fully supportive in every aspect of my care and support plan."

● "Everything is good."

● "Love to live here for another 10 years."

● "I am happy living here. We are going to the Christmas markets; I would like a Mexican themed evening to be organised."

A number of service users completed a service user/relatives questionnaire. The respondents indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led. One written comment received highlighted an environmental issue; this was discussed with the person in charge who confirmed that this is currently being pursued directly with the housing provider.

Relatives' Comments:

- "Everyone at Novara House is most pleasant and helpful and my relative enjoys his stay there."
- "My relative turned a corner when he went to Novara House and has never been happier or more settled. It has been the perfect environment for him. The staff go above and beyond and he is treated with such dignity and respect. It is clear the staff really care."
- "All staff are so good to my relative. The support he gets is excellent. I am happy that he will stay until the right property becomes available. He has done well in Novara."
- "Very happy - they are very, very good – [the staff are] straight on the phone if there are any worries, they are not in any rush with my relative which is great and they have access to all the support needed – I couldn't fault them; they are very supportive. I have been visiting a year and it seems to be the same staff so it appears to be stable."
- "My relative has only been there for a short period but so far I find the staff a pleasure to deal with. Their communication is good and they are good at building up trust. They have good boundaries and keep a tight eye on things. They seem to really care and it is working well for my relative."

HSC Professionals' Comments

- "Novara staff were helpful in answering any questions I had. They are helpful in directing me to the relevant professional that can best discuss the Service user's tenancy. A leaflet with relevant information on it would be good, with pictures of a vacant room would be good to have."
- "The management is excellent - very approachable and they are willing to meet with potential tenants and give a good explanation to them about supported living and explain what to expect. I am really pleased with how well one of my service users has done here and they are so supportive in helping them move on without rushing them – I have no concerns at all."

A number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- "I feel that the work happening in Novara is excellent. All tenants are treated as individuals. They are supported to meet their goals."
- "I really enjoy working in Novara House. I have been encouraged to partake in health and wellbeing training. I feel that I can approach any of my Managers about concerns or queries."
- "I enjoy working in Novara. I feel the staff work well together as a team, to ensure the tenants' needs are met and delivered to a high standard. Tenants are involved in all aspects of their care and supported on a daily basis in making the best decisions to help them progress to having more independence."
- "A great team to work with, providing a great standard of person centred care to each tenant. Supporting them each to achieve their individual goals."

3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 24 July 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Adult Safeguarding

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse and the process for reporting concerns during and/or outside normal business hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

3.4.2 Mental Capacity Act and Restrictive Practice

The Mental Capacity Act (NI) 2016 (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS. There was a resource folder available for all staff to refer to providing up to date information on the Mental Capacity Act (NI) 2016 and DoLS processes.

3.4.3 Staff Selection, Recruitment and Induction

A review of the agency's staff selection and recruitment records confirmed that all pre-employment checks, including enhanced criminal record checks (AccessNI) had been completed and verified for new staff members prior to them engaging in direct contact with service users.

However, it was noted that AccessNI checks had not been carried out in respect of two identified staff following a change in role. This was discussed with the person in charge who later confirmed that renewed AccessNI checks were in the process of being arranged and that RQIA would be informed once checks for those identified staff had been completed.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their professional registrations up to date.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

3.4.4 Staff Training

Staff were provided with training appropriate to the requirements of their role. The person in charge reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such specialist training should it be required in the future.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

A review of training records confirmed that staff had completed training in dysphagia and in relation to how to respond to choking incidents.

Staff expressed their satisfaction around training and developing opportunities within the service One staff member commented as follows: "I have been encouraged to upskill and have undertaken training that has benefited the service". Another staff member commented :"Staff have the training and skills to do their job.

3.4.5 Care Records and Service Users' Input

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Health and Social Care Trust's requirements.

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans had been kept under regular review and services users and /or their relatives had been enabled to participate, where appropriate, in the review of their care on an annual basis, or when changes had occurred.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and that these interventions were proactive, timely and appropriate.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans. It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care and that service users could Chair such meetings on occasion. Some matters discussed during such meetings included: offering congratulations on the success of a coffee morning, planned improvements to the environment, planning for activities such as pumpkin carving, pool and pizza night, provision of a board games evening and arranging chosen trips by train for service users.

3.4.6 Governance and Managerial Oversight

There were monitoring arrangements in place in compliance with regulations and standards. A review of the reports of the agency's quality monitoring established that there was engagement by senior staff with service users, service users' relatives, staff and Health and Social Care Trust representatives. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff selection, recruitment and training, and staffing arrangements.

It was positive to note that staff reported feeling well supported by managers and that they felt part of a team. One staff member commented: "I have been well supported by my managers in my job role. I feel like part of the team, who are caring, compassionate and supportive."

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints had been managed in accordance with the agency's policy and procedure. There were no complaints received since the last inspection.

Advice was given in relation to how complaints are managed and recorded. The person in charge welcomed this advice and has since implemented alternate ways that service users can express their views on aspects of the service they may feel dissatisfied with but may not wish to pursue as a formal complaint.

There was a robust system in place for staff to follow when unable to gain access to a service user's room.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Rebecca Lee, person in charge, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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