

Unannounced Care Inspection Report 20 March 2017



Annadale Avenue

Type of service: Domiciliary Care Agency/Supported Living
Address: 29a Annadale Avenue, Belfast BT7 3JJ
Tel no: 02895043760
Inspector: Jim McBride

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Annadale Avenue took place on 20 March 2017 from 09.15 to 15.15.

The inspection sought to assess progress with any issues raised during and 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.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of rehabilitation and support plans. The agency's systems of quality monitoring have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

No areas for quality improvement were identified.

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

1.1 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 were discussed with Mrs Renee Stewart, 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 care inspection

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

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust/Martin Dillon	Registered manager: Renee Stewart
Person in charge of the service at the time of inspection: Renee Stewart	Date manager registered: 13 April 2016

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency
- Communications with the agency since the previous inspection

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

- Discussion with the registered manager
- Discussion with staff
- Discussion with service users
- Examination of records
- File audits
- Evaluation and feedback

On the day of inspection the inspector met with the registered manager to discuss her views regarding care and support provided by the agency, staff training and staff's general knowledge in respect of the agency. The inspector also met with ten staff and five service users. Feedback is contained within the body of this report.

At the request of the inspector the manager was asked to distribute 10 questionnaires to staff for return to RQIA; three questionnaires were returned. The manager was also asked to distribute 10 questionnaires to service users for return to RQIA; ten questionnaires were returned.

The following records were examined during the inspection:

- Training and development procedures
- Supervision procedures
- Staff members supervision and appraisal records
- Staff members training records including:
 - Adult safeguarding
 - Capacity and consent
 - Data protection
 - Equality training
 - First aid
 - Human rights
 - Person centred awareness
 - Child protection
- Service users' daily recording records
- Monthly monitoring reports completed on behalf of the registered provider
- Staff meeting minutes
- Tenants' meeting minutes
- Statement of Purpose
- Service Users Guide
- Complaints records

4.0 The inspection

Annadale Avenue is a domiciliary care agency supported living type service which currently provides care and support to 13 adults with a primary learning disability. The agency's staffing arrangements consist of the registered 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.

4.2 Review of requirements and recommendations from the last care inspection dated 13 October 2015

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. A range of procedures were discussed relating to staff recruitment and induction training. The inspector found these procedures to be in compliance with related regulations and standards. The manager verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. The inspector noted the induction procedures for all staff:

- Meet service users and staff
- Building orientation
- Shadowing with experienced staff
- Staff handbook
- Communication methods
- Read care and support plans
- Review of first week
- Supervision guidance
- Adult and child protection training
- Read policies and procedures
- Review of second week
- Key working
- Risk assessments
- Health and safety
- Shift planning
- Recording daily notes

A range of competency assessment had been carried out for each care worker and supervision records maintained. Both the manager and staff demonstrated an awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. The manager and staff were aware of their obligations in relation to raising concerns about poor practice. All suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures. Where shortcomings in systems have been highlighted as a result of an investigation, additional identified safeguards are put in place.

The agency's policies and procedures in relation to safeguarding vulnerable adults/children and whistleblowing were reviewed. Their Safeguarding Policy and Procedure provided information and guidance as required and did reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'.

Staff training records viewed for 2015/16 confirmed all care workers had completed the required mandatory update training programme. The training plan contained each of the required mandatory training subject areas along with other training relevant to service users' care needs.

Five service user files reviewed confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The inspector was given assurances that all information relevant to service users was up to date and available from the HSC Trust staff as required.

The inspector noted that the agency has facilitated a number of service user meeting and has included some of the topics discussed:

- Complaints
- RQIA
- Medication
- Personal safety
- Activities.

Service user comments made during inspection:

- “Staff are good.”
- “Staff treat me with respect and respect all my decisions.”
- “I feel safe and secure in my new home.”
- “I have no complaints about the staff they all keep me safe.”
- “My home is private and secure and I feel safe here.”

Staff comments made during inspection:

- “All service users are treated with dignity and their decisions respected.”
- “The service users enjoy their new homes and feel secure here.”
- “My induction was good and ongoing training is excellent.”

Three returned questionnaire from staff indicated that:

- Staff receive appropriate training for their role.
- Staff receive supervision and appraisal.

Ten returned questionnaires from service users indicated that:

- Staff are trained to meet our needs.
- The care they receive helps them feel safe and protected from harm.

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?

Service user records viewed by the inspector evidenced regular contact and feedback received from service users had been followed up. These records evidenced that the HSC Trust carries out care reviews with service users if changes to their needs are identified. The inspector noted some of the comments made by service users and relatives during their annual reviews:

- “I love Annadale.”
- “Everything is going well.”
- “I get good staff support.”
- “I love the peace and quiet.”

- “This was a great move for *****.”
- “***** has settled well and is very happy.”
- “I love my flat and the quietness. I don’t want any changes.”
- “I’m very happy with ***** care and support and delighted she has done so well.”

The agency maintains a daily contact record for each service user. The manager confirmed that they were provided with details of care planned for each new service user.

The agency’s Statement of Purpose and Service User Guide (February 2017) makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions. Service users are advised of independent advocacy services within the Service User Guide.

Both the manager and staff provided examples to demonstrate how they promote service user independence, choices and respect. The most recent monthly quality monitoring reports reviewed evidenced that working practices are being systematically reviewed, in relation to incidents and service user feedback.

Both the manager and staff confirmed that they worked very well as a team and that staff meetings are held on a regular basis. The inspector noted some of the topics discussed during recent staff meetings:

- Team building
- Governance
- Complaints
- Training
- Human rights
- Service users
- Person centred awareness
- Finances
- New staff
- Tenants meetings
- Rotas

Five service users’ records examined reflected individual assessments and person centred care plans, including choice and preferences, dignity and respect recorded in a manner which promotes the interests and independence of each service user. It was good to note that service users or their representatives are included in decision making regarding their care plan.

Service users are also given the opportunity to comment on the quality of service. The agency completed their Service Improvement Survey in 2016 this was reviewed and was compliant with the regulations. The inspector noted some of the areas service users are asked to comment on:

- Do you enjoy living in your apartment?
- Are you happy with the amount of support you receive to look after your personal care?
- Do staff give you enough privacy?
- Are you happy with the amount of support you receive to make your meals?
- Do you choose what you have for your dinner each day?
- Are you happy with the support you get to purchase your groceries?
- Are you happy with the amount of support you receive to keep your home clean?

- Are you happy with the amount of support you receive to look after your money?
- Are you happy with the amount of support you receive with your medication?
- Do you feel you have enough activities and outings?
- Do you know how to make a complaint?
- Do you feel staff listen to you?
- Do staff respect your home? i.e. always knock door before entering etc.
- Do staff support you to read and understand your mail?
- Does your keyworker support you in understanding your file? i.e. risk assessments/care plans/monthly reports?
- Do you get on well with the other service users?

Some of the comments made by service users following the survey:

- “Annadale is nice and the staff are too.”
- “Annadale is great.”
- “I’m happy here.”
- “Annadale is good.”

Comments made by service users during inspection:

- “The staff are excellent they really listen to you if you have any concerns.”
- “Staff help me make choices about my home.”
- “My keyworker is helpful and fair with me.”
- “I’m so lucky to be here it’s a real home for me.”
- “My training was excellent and helped me in my role.”
- “Supervision is one to one and is regular.”
- “Staff work well together.”

Three returned questionnaires from staff indicated that:

- Service users get the right care, at the right time and with the best outcome for them.
- There are systems in place to monitor the quality/safety of the service you provide.

Ten returned questionnaires from service users indicated that:

- Staff are trained to meet our needs.
- They get the right care, at the right time and with the best outcome for them.

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 agency’s Statement of Purpose and Service Users Guide encourages staff to ensure that the beliefs and values of each service user are embedded in the day to day operation of the service. Service users are offered choices and are encouraged to complete tasks themselves

when appropriate. Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and responds to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring provide assurance of quality monitoring and service improvement. The inspector has included some comments made by service users, relatives, staff and HSC Trust professionals during monitoring quality monitoring visits:

Service users' comments:

- "Staff are very good and help when asked."
- "Staff are very nice."
- "I enjoy spending time with staff."
- "I'm happy with the support staff offer."
- "I can ask for extra help when I need it."
- "Staff are kind and helpful."

HSC Trust comments:

- "Staff work closely with service users to ensure a consistent approach."
- "The manager and staff are keen to provide appropriate services."
- "I have positive interactions with the manager."
- "Staff are committed to resettling people from hospital."
- "Staff are doing all they can to make the transitions from hospital work."
- "The service is very efficient and meets the needs of service users."
- "A much more successful placement than I imagined for my client."
- "My client has settled well into community living."

Relatives' comments:

- "I'm very happy with the staff support."
- "My ***** is happy and content."
- "My ***** is managing well with the support of staff."
- "I'm very happy with the level of care and support."
- "Staff are approachable and experienced."
- "I have no worries of concerns."

Staff comments:

- "Staff are good and the management team is very supportive."
- "I have received my induction."
- "I have settled into my role."
- "Service users have all their needs attended to."
- "Staff meet additional needs when required."
- "The management team make themselves available to staff should they have any concerns or issues to discuss."

Comments made by service users during inspection:

- “This is so different from my last home it’s caring and relaxing.”
- “The staff are really good and do care for all your needs.”

Three returned questionnaires from staff indicated that:

- Service users are treated with dignity and respect and involved in decisions affecting their care.
- That the people who use the service have their views listened to.

Ten returned questionnaires from service users indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care.
- Their views and opinions sought about the quality of the 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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4.6 Is the service well led?

A number of policies and procedures in place are accessible to staff in hard copy and via the staff intranet. The manager was aware of the complaints procedure and her role if they receive a complaint. The agency complaints policy and procedures are reflected within the Statement of Purpose and Service User Guide.

A number of staff training events have taken place and mandatory training was up to date for all staff. Supervision records examined by the inspector showed clear evidence of compliance with the agency’s own policy and procedures. There was evidence of staff working in partnership with the commissioning HSC Trust. This was confirmed via records, within care plans and through discussions with the manager.

There was evidence that staff were encouraged to be involved in the development and improvement of the service. This was evidenced in the minutes of staff meetings and during discussions with the manager and staff.

There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all staff. This is included in the agency’s Statement of Purpose. The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The agency has received five complaints during this period which were all fully satisfied. The arrangements in place to manage incidents and complaints include measures to prevent recurrence of issues.

The agency has responded to all regulatory matters as and when required. There was evidence of regular and effective staff supervision, appraisal, and management of performance issues. The inspector noted some of the areas discussed during individual supervision sessions with staff every 10-12 weeks:

- Previous minutes
- Primary working issues
- Medication
- Finance agreements
- Training
- Staff meetings
- Performance practice
- AOB

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary (February 2017). The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

Comments made by service users during inspection:

- “The staff are excellent and do have a good relationship with us all.”
- “Staff know you well and what your like.”

Comments made by staff during inspection:

- “The staff have a good management structure.”
- “The manager is approachable and supportive.”
- “The training and development is very good and all staff avail of further development.”
- “We have the best staff team to work with.”
- “It’s important to let staff know they are doing a great job.”

Three returned questionnaires from staff indicated that:

- The service is managed well.
- They were satisfied that quality monitoring is undertaken regularly for staff and people who use the service.

Ten returned questionnaires from service users indicated that:

- Feel the service is managed well.
- They were satisfied that any concerns or complaints would be listened to and responded to.

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.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)