

# Unannounced Care Inspection Report 7 November 2018



## Ellis Grove Supported Living Scheme

**Type of Service: Domiciliary Care Agency**  
**Address: 4 Ellis Grove, Carrickfergus, BT38 8ZP**  
**Tel No: 02893366397**  
**Inspector: Kieran Murray**

[www.rqia.org.uk](http://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**

This is a domiciliary care agency supported living type located in the Northern Health and Social Care Trust area which provides personal care and housing support to up to 18 service users with a learning disability and mental health needs. The service users are supported by 16 staff.

**3.0 Service details**

<b>Organisation/Registered Provider:</b> Northern HSC Trust	<b>Registered Manager:</b> Mrs Rosemary Alida Wray
<b>Responsible Individual(s):</b> Dr Anthony Baxter Stevens	

<b>Person in charge at the time of inspection:</b> Deputy Manager	<b>Date manager registered:</b> 27 February 2013
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#### 4.0 Inspection summary

An unannounced inspection took place on 7 November 2018 from 09.30 to 17.45.

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 with any areas for improvement identified 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.

#### Evidence of good practice was found in relation to:

- staff recruitment
- care reviews
- training and development for service users and staff
- supervision and knowledge, skills framework (KSF)
- professional body regulations

No areas requiring improvement were identified during the inspection.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Anne McCormick, Deputy 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.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 18 January 2018

No further actions were required to be taken following the most recent inspection on 18 January 2018.

## 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 inspection report
- record of notifiable incidents
- record of complaints
- correspondence with RQIA since the previous inspection

During the inspection the inspector met with five service users, the registered manager, deputy manager, four staff and one service users' representative.

The following records were examined during the inspection:

- three service users' care and support plans
- care review records
- HSC Trust assessments of needs and risk assessments
- recording/evaluation of care records
- monthly monitoring reports
- staff meeting minutes
- tenant meeting minutes
- records relating to staff training, including induction training
- records relating to service user training
- records relating to staff supervision
- records relating to knowledge skills framework (KSF)
- complaints records
- incident records
- records relating to safeguarding of adults
- staff rota information
- a range of policies relating to the management of staff
- safeguarding adults in need of protection policy
- whistleblowing policy
- data protection policy
- Statement of Purpose
- Service User Guide

The deputy manager was asked to distribute 10 questionnaires to service users/family members. No responses were received prior to the issue of the report.

At the request of the inspector, the deputy manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Ten responses were received prior to the issue of the report.

The feedback received on the responses will be reflected in the report.

There were a number of areas rated as 'very unsatisfied' and 'unsatisfied' on the responses received from staff. As there was no contact details recorded for staff, the inspector spoke to the registered manager on the 22 November 2018 and discussed the feedback received.

The inspector has been assured by the registered manager that the comments made would be discussed with staff in the forum of a staff meeting. The registered manager has agreed that the feedback would be discussed at both these meetings and a record retained for review at the next inspection.

The inspector requested that the deputy manager place a 'Have we missed you?' card in a prominent position in the agency to allow service users, and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the agency.

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

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## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 18 January 2018

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 18 January 2018

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.**

The inspector reviewed staffing arrangements during the inspection. The agency has a mechanism in place to ensure that appropriate pre-employment checks are completed and that these are satisfactory.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations. Staff stated that they are required to shadow other staff members during their induction and probation period. The inspector spoke to two staff that provided positive feedback regarding how their induction

prepared them for their roles and responsibilities and how they felt supported by other staff members and the manager. The inspector evidenced records relating to staff attendance at the Trust corporate induction programme.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

The deputy manager and staff advised the inspector that the agency uses a small number of bank staff who currently work for a similar agency within the Trust. This staff group have already had an induction programme by their own agency within the Trust.

#### **Service users' comments:**

- "I like it here because the staff make me laugh."
- "I like living here."

#### **Relative comments:**

- "I googled all I could about the agency before XXX came to live here."
- "If anything major happens, I would flag it up."

#### **Staff comments:**

- "I got shadow shifts."
- "Staff like the rotating weekend rota because they can plan ahead."

Examination of records indicated that a system to ensure that staff supervision and Knowledge Skills Framework (KSF) are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision in line with policy and procedure; records provided to the inspector confirmed this.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training records which indicated compliance with regulation and standards and the Trusts mandatory training. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. Dysphagia, Dementia, Autism and Epilepsy Awareness.

It was positive to note that the agency had developed and maintained a training file for service users. The inspector noted that services users had attended recent adult safeguarding and fire training facilitated at the agency staff.

The inspector was informed by service users that tutors from the Northern Regional College attended the agency and facilitated courses in the agency.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) that was in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. Staff spoken to on the day of the inspection was able to name the Adult Safeguarding Champion in the Trust.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that a number of safeguarding referrals were made to the Trust since the last inspection 18 January 2018. The referrals were made appropriately and management plans were made in conjunction with the HSC Trust as evidenced by the inspector.

The inspector noted that service users were provided with an easy read version of the Trust adult safeguarding policy which was commended by the inspector.

An adult safeguarding referral flowchart and contact details for the Designated Adult Protection Officers (DAPO) in the Trust were available for staff guidance should the need arise. The inspector received feedback from staff which indicated that they are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

On the day of the inspection it was noted that there was one restrictive practice in place and the restrictive practice implemented was of the least restrictive nature considered necessary in conjunction with the HSC Trust and was reviewed yearly and evaluated.

The inspector noted that evidence of review of service users' needs took place annually or as required.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been no notifiable events reported to RQIA since the previous inspection 18 January 2018. The inspector evidenced that a number of accident/incidents had taken place since the last inspection 18 January 2018. The inspector reviewed the records and found that they had been managed in accordance with the agency's procedure and policy.

The inspector noted that the agency had received a number of complaints since the last inspection 18 January 2018 and these were managed in accordance with policy and procedure. The inspector noted the complainants were fully satisfied with the outcomes.

The inspector evidenced an information session delivered to service users at the agency by the Police Service of Northern Ireland (PSNI) on 'Staying Safe Out and About.' The service users were also given an easy read version of the session delivered by the PSNI.

Of 10 responses returned by staff, seven indicated that they were 'very satisfied' that care was safe, one indicated that they were 'satisfied' care was safe and two indicated that they were 'very unsatisfied' care was safe.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and knowledge skills framework (KSF), adult safeguarding and risk management.

### **Areas for improvement**

No areas for improvement were identified during the inspection.



	Regulations	Standards
<b>Total number of areas for improvement</b>	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 arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2018) and Service User Guide (2018). The inspector noted that the Statement of Purpose did not include the use of restrictive practice. Following the inspection and within an agreed timescale with the deputy manager, the agency forwarded information that provided the necessary assurances that the Statement of Purpose was updated to reflect the necessary information. The inspector reviewed the information and found it to be satisfactory.

The inspector reviewed three service users' care and support plans. The inspector was informed that care and support plans are reviewed on an annual basis or sooner if required. The records evidenced that the agency carries out reviews with service users if changes to their needs are identified. The inspector examined annual reviews in place and the records were satisfactory.

The agency maintains daily contact records for each service user. On examination of records the inspector noted a small number of corrections made were not in keeping with the agencies policy and procedure and the domiciliary agencies standards. The deputy manager assured the inspector that an item would be added to the next team meeting in relation to record keeping and this can be evidenced at the next inspection.

Staff interviewed on the day of the inspection confirmed they were provided with details of care planned for each service user.

Feedback received by the inspector from staff and service users' indicated that service users: have a genuine influence on the content of their care plans.

The inspector noted that service user agreements were completed in easy read pictorial format and placed in service user's records.

#### Relatives comments:

- "My parents attend XXX reviews."

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service.

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users', staff, relatives as appropriate and community keyworkers, and progress on improvement matters.



The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The staff described effective verbal and written communication systems with the staff team, including the use of a diary and verbal handovers.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff as they wished and appeared to enjoy good relationships with staff.

The inspector noted that the Trust's Mental Health Learning Disability Nurse attended the agency and carried out physical health monitoring of service users i.e. blood pressure, pulse and weight monitoring.

Review of team meeting records indicated that team meetings took place on a three monthly basis; the deputy manager and staff who spoke to the inspector verified this and staff also informed the inspector that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that communication is good.

Review of tenant meeting minutes by the inspector showed the views of service users are taken into account in planning and making decisions. The inspector noted that service users were updated on items e.g. social events, how to make complaints and training. The inspector noted that minutes were signed by tenants who attended the meetings.

The inspector noted and examined the following surveys/audits carried out by Ellis Grove Supported Living Scheme, Tenant Questionnaires 2017 and Relatives Questionnaires 2017 with positive results. The deputy manager advised the inspector that these surveys would be repeated by the end of December 2018. The deputy manager shared the annual quality report 2018 which was still in the process of being completed. Following the inspection and within an agreed timescale with the deputy manager, the agency forwarded to RQIA the completed annual quality report. The inspector reviewed the annual quality report and found it to be satisfactory.

Advocacy services were recorded in the service user guide.

The inspector evidenced agreements signed by service users allowing staff access to their house keys and also the use of photographs in their personal files.

The staff interviewed informed the inspector that desktop computers are available in the agency office for staff to use to access policies and on-line training.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

Of 10 responses returned by staff, seven indicated that they were ‘very satisfied’ that care was effective, one indicated that they were ‘satisfied’ that care was effective and two indicated that they were ‘very unsatisfied’ that care was effective.

**Areas for improvement**

No areas for improvement were identified during the inspection

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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.**

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress.

The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff. Service users who wished to speak to the inspector were provided with privacy as appropriate.

It was evident that the agency staff and community keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

Feedback/observation from the service users indicated that staff have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that the agency had made particular efforts to facilitate service users to achieve goals and participate in activities of their choice.

Service users advised the inspector that they had recent trips to Blackpool and London. Other service users informed the inspector that they attend a local pub every weekend.

Service users informed the inspector that they enjoyed attending a recent ball to mark their contribution and input to a local charity.

A number of service user invited the inspector into their homes and they informed the inspector that they had picked the furniture and fittings themselves.

The inspector noted photographs of service users enjoying social events both in the agency and their homes.

The agency maintains a range of quality monitoring systems to evaluate the quality of services provided, including monthly monitoring reports which specifically ascertain and include the views of service users' and their representatives.

**Service users' comments:**

- “Every Saturday night we have a takeaway and DVD night.”
- “I like the staff, they are nice.”

**Relative comments:**

- “The staff treat my XXXX with dignity, respect and compassion.”

**Staff comments:**

- “We support service users to make them more confident.”

Of 10 responses returned by staff, eight indicated that they were ‘very satisfied’ that care was compassionate and two indicated that they were ‘very unsatisfied’ that care was compassionate.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of established management and governance have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team.

On the day of the inspection it was noted that a number of incidents had taken place since the last inspection, 18 January 2018. The inspector examined the records and found that the agency had dealt with the incidents in accordance with its procedure and policy.

The agency operates a robust training system available for staff and service users and maintains up to date records of training.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures. Policies and procedures are maintained on an electronic system accessible to all staff. However, the inspector noted that the disciplinary policy was out of date. The inspector was assured that the Trusts Human Resources Department had agreed to update the policy. This can be reviewed at the next inspection.

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 deputy manager could discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- individual risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the referral information received from the HSCT.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection it was noted no complaints had taken place since the last inspection, 18 January 2018. The inspector noted a thank you card sent to management and staff from relatives thanking them for their care, support and compassion during a life event.

There are effective systems of formal supervision and knowledge skills framework (KSF) within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

**Relatives comments:**

- “There is open and frank dialogue with the agency staff.”

**Staff comments:**

- “The manager is very supportive and hands on.”

Of 10 responses returned by staff, eight indicated that they were ‘very satisfied’ that the service was well led and two indicated that they were ‘very unsatisfied’ that the service was well led.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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