

Unannounced Care Inspection Report 18 January 2018



Ellis Grove Supported Living Scheme

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

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

Ellis Grove is a supported living domiciliary care service based at 4 Ellis Grove, Carrickfergus. The service provides twenty four hour care and support to eighteen service users that have a learning disability and complex needs. Services are provided across eleven single, double and triple occupancy houses.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Dr Anthony Baxter Stevens	Registered Manager: Mrs Rosemary Alida Wray
Person in charge at the time of inspection: Mrs Rosemary Alida Wray	Date manager registered: 27 February 2013

4.0 Inspection summary

An unannounced inspection took place on 18 January 2018 from 09.15 to 14.45.

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 a number of areas of service delivery and care records and was supported through review of records at inspection. Feedback from service users, families, staff and Health and a Social Care Trust (HSCT) professionals during the course of the inspection was positive with three service users, two staff, three relatives and two HSCT professionals presenting positive feedback.

No areas were identified for improvement and development. Discussion with the manager reflected further review of the annual quality report findings and any associated action plans. The manager is also requested to discuss with the head of services manager the need for consistent family feedback within the monthly quality monitoring process.

Service users, families and the professionals communicated with by the inspector, presented positive feedback regarding the service provided by Ellis Grove in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report and were shared with the manager during 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.

Following discussions with the service users, three family members, the staff and two HSCT professionals it was noted there was evidence overtime of positive outcomes for service users.

The inspector would like to thank the service users, families and agency staff for their warm welcome and full cooperation throughout the inspection process.

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 Mrs Rosemary Wray, 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 02 February 2017

No further actions were required to be taken following the most recent inspection on 02 February 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 Inspection Report
- record of any notifiable events for 2016/2017
- record of any complaints notified to the agency

On the day of inspection the inspector spoke with three service users who are supported by Ellis Grove to obtain their views of the service.

The inspector also spoke with the Manager and two support workers.

During and following the inspection the inspector spoke with three family members in person or by telephone. The inspector also spoke with two HSCT professionals during the inspection process to obtain their views of the service. The service users spoken with have received assistance with the following:

- social support
- support with personal care needs
- support with medication management
- support with budgeting

At the request of the inspector, the 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. No questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users/family members. Nine questionnaires were returned. Responses from service users have been detailed within the report.

The following records were examined and discussed during the inspection:

- A range of policies and procedures relating to induction, safeguarding and whistleblowing.
- One new staff members' recruitment and induction records.
- Two long term staff members' supervision and appraisal records.
- A number of long term staff members' training records.
- A range of staff rota's.
- Staff meeting minutes.
- Staff NISCC registration and renewal processes.
- Staff handbook.
- Statement of purpose.
- Service user guide.
- One new service users' records regarding introduction to the service, support planning and ongoing review.
- Two long term service users' records regarding ongoing review, and quality monitoring
- Three service users' home record.
- Service user/tenant meeting minutes.
- Information relating to safeguarding referrals.
- Three monthly monitoring reports.
- Annual quality report 2017.
- One complaint's records.
- Two compliments.

No areas for improvement were identified at the last care inspection on 02 February 2017.

The findings of the inspection were provided to the Manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 02 February 2017

The most recent inspection of the agency was an announced care inspection dated 02 February 2017.

6.2 Review of areas for improvement from the last care inspection dated 02 February 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.

The inspector was advised by three service users, three family members and two professionals spoken with that the safety of care being provided by the staff at Ellis Grove was of a very good standard.

Policies and procedures relating to staff recruitment and induction were held on site. The Manager confirmed all policies are accessible on the service information system and in hard format.

The manager verified all the pre-employment information and documents would have been obtained as required through the trust recruitment process. Review of staff recruitment records centrally within the NHSCT Human Resources Department confirmed compliance with Regulation 13 and Schedule 3.

Review of the staff induction process for one new staff member confirmed appropriate processes in place in accordance with the appropriate regulations and standards. The service is currently fully staffed and do not avail of agency staff at this time.

Discussions with the manager and support staff confirmed all staff members' are currently registered with NISCC. A system for checking staff renewal with NISCC has been implemented by the organisation. The Manager provided evidence of a staff registration checking process for renewal of registration. A range of communication methods to be used by the agency to inform staff of their requirement to renew registration were discussed and will include discussion during staff supervision and staff meetings.

Staff spoken with during the inspection where able to describe their registration process and what registration with NISCC entails and requires of staff on an ongoing basis.

No issues regarding the carers' training were raised with the inspector by the service users, families or professionals.

All of the service users spoken with confirmed that they could approach the support staff if they had any issues and were satisfied matters would be addressed. One service user highlighted to the inspector that they felt staff could sometimes be inappropriate in their manner with the service user. This matter was shared with the manager during inspection who confirmed the matter was currently being reviewed with the service user. The Manager confirmed communication with the service users' is ongoing and includes interaction with the Health and Social Care Trust (HSCT) professionals and families. Service users, families and the professionals spoken with confirmed communication is good and in a timely manner.

Examples of some of the comments made by the service users, families and the HSCT professionals are listed below:

- "All ok, no issues."
- "Everything is going well."
- "Some of the staff are very good and some can be cheeky."
- "We are very happy as a family with Ellis Grove."
- "Staffing appears fine."
- "Excellent staff."
- "xxx generally feels the service is of a good standard."
- "Very professional and respectful staff."

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were discussed with the staff team and confirmed as available. The agency has revised their policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff spoken with at inspection were knowledgeable in respect of their roles and responsibilities regarding safeguarding. Both staff spoken with were familiar with the new regional guidance and revised terminology but were not completely familiar with the 'safeguarding champion' in the organisation. This feedback was shared with the manager during inspection.

The inspector was advised that the agency had no safeguarding matters arising since the previous inspection which were reportable to RQIA. The agency however, had clear procedures in place for alerting matters within the trust internal processes and these were reviewed as appropriate during inspection. Staff spoken with during inspection presented an appropriate understanding of their role in whistleblowing and were able to clearly describe the process.

Where issues regarding staff practice are highlighted via processes such as complaints or safeguarding, the manager confirmed processes which would be used to address any matters arising. No staff competence matters which had arisen since the previous inspection.

Staff training records viewed for 2016-17 confirmed all staff were completing the required mandatory update training programme. The training records reviewed in staff files for 2016-17 contained the required mandatory training subject areas and additional training specific to the service needs. Training is facilitated through the trust training processes and includes both online and practical training sessions as required. Review of staff records confirmed mandatory training in line with agency procedures. Discussion during inspection with support staff confirmed satisfaction with the quality of training offered. Staff confirmed accessibility to additional training as required.

Records reviewed for three staff members evidenced mandatory training compliant with agency policy timeframes. The manager confirmed staff supervision and appraisal in accordance with the agency's timeframes and this was confirmed during inspection review of staff files. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and good systems of daily communication.

The manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. Review of three service users' records evidenced ongoing review processes in line with policy timeframes. Records had been signed by service user involved and other involved in reviews where appropriate. Communication with service users, families and two HSCT professionals during inspection supported a process of ongoing review with service user involvement. The manager confirmed that trust representatives were contactable when required regarding service user matters, and communication with HSCT professionals was confirmed during inspection discussions.

Service users, family and the HSCT professionals communicated with by the inspector, and review of agency rotas suggested the agency have appropriate staffing levels at present.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Nine service user questionnaires were received post inspection and supported that care was safe.

No staff questionnaires were received post inspection.

Areas of good practice

There were examples of good practice found during the inspection in relation to systems and processes around staff recruitment, induction, training, supervision and appraisal. Checking processes in respect of staff NISCC registration annually were also in place. Review of service users' support needs were found to be ongoing. Feedback from service users, families and the HSCT professionals provided positive feedback in respect of support provided to service users by the agency and this feedback was shared with the manager during inspection.

Areas for improvement

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 inspector was informed by the three service users', family and HSCT professionals spoken with that there were no matters arising regarding the support being provided by the staff at Ellis Grove.

No specific issues regarding communication between the service users, families, staff and professionals were raised with the inspector with exception to the matter raised in the above section; this matter was brought to the attention of the manager and is currently being reviewed. One HSCT professional did state, 'A couple of issues have arisen in the past but have been appropriately followed up'.

Reviews were discussed with service users and family members who confirmed they were involved in reviewing individuals support needs. The manager confirmed service users and stakeholders receive a questionnaire to obtain their views of the service as part of the annual quality review process. The inspector reviewed the findings from all stakeholders in the completed annual review of the service for 2017. The report was well presented and in a user friendly pictorial format but did not fully reflect all of the stakeholder findings and any areas for follow up as part of the review process; these matters were shared with the manager for further review. Service user feedback has been ongoing over time together with relative and professional feedback through periodic service user reviews, and through monthly monitoring completed in the service. These processes were confirmed during inspection however monthly monitoring did not consistently reflect family feedback; this area was discussed with the manager for review with the monthly monitoring officer.

Examples of some of the comments made by service users, families and two HSCT professionals are listed below:

- "It's the best thing since sliced bread' 'Ellis Grove is brilliant."
- "xxx is as happy as the day is long."
- "Staff are very attentive and on the ball."
- "Staff are very caring and approachable."
- "Communication is very good."
- "It's run really well."
- "This is a really forward thinking service and staff group."

Service user records included reviews completed by the agency with the trust reviews taking place periodically; service users views are obtained and incorporated where appropriate. Review of support plans within the agency supported a regular ongoing process involving service users and keyworkers with support plans signed by service users. Involvement in reviews was discussed with service users during inspection and all confirmed involvement in this process.

The service has introduced one new service user since the previous inspection. The manager confirmed the statement of purpose and service user guide are provided to new service users at introduction to the service and a signed service user agreement was reviewed within this service user's file during inspection.

The agency maintains recording sheets for each service user on which support staff record their daily input. The inspector reviewed three completed records and found the standard of recording to be good.

Staff spoken with during inspection demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager if any changes to service users' needs are identified. Staff discussed ongoing quality monitoring of service users' needs to ensure effective service delivery. Staff described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect.

Nine service user questionnaires were received post inspection and indicated that care was effective.

No staff questionnaires were received post inspection.

Areas of good practice

There were examples of ongoing support and review provided by staff and communication between service users, family, support staff and other key stakeholders. Feedback from service users, families and HSCT professionals was positive regarding the effectiveness of service support.

Areas for improvement

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.

The service users, families and HSCT professionals spoken with by the inspector felt that care was compassionate.

Views of service users are sought through periodic review processes and during monthly monitoring. Examples of some of the comments made by the service users, families and professionals during the inspection are listed below:

- “xxx appears happy at times and other times not so happy but this is part of xxx personality”.
- “Really accommodating with service users’ needs and support service users emotionally.”
- "Very caring and approachable."
- "Communication is very good."
- “Staff go over and above what is required to ensure individual needs are met.”

The agency implements service user quality review practices periodically. Quality monitoring from contacts during monthly quality visits evidenced positive feedback from service users alongside HSCT professionals, family and staff feedback. As detailed in the section above, consistent family feedback is required during monthly review of the service; the manager agreed to take this matter forward.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service users’ wishes, dignity and respect. Observations made by the inspector during the inspection day supported a compassionate staff team who endeavour to meet varying service users’ needs in a supportive manner.

Nine service user questionnaires were received post inspection and indicated that care was compassionate. Two service users commented, ‘The staff really look after me and help me do my washing’ and ‘The staff are really kind and helpful’.

No staff questionnaires were received post inspection.

Areas of good practice

There were examples of good practice found during the inspection in relation to the provision of compassionate care discussed by service users, families, the HSCT professional and staff on the day of inspection.

Areas for improvement

No areas for improvement were identified during the inspection in respect of regulations and standards.

	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.

All of the people spoken with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Positive feedback received during inspection has been referenced under the previous three sections and further detailed below. Comments made by staff, families and the HSCT professionals include:

- "Staff are brilliant."
- "It's run really well."
- "Service users are central to what we do' 'It's good to work somewhere where you know service users are being really well supported."
- "I enjoy my work here."

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the current manager, the agency provides domiciliary care/supported living to eighteen adults living within Ellis Grove supporting living scheme.

The agency's complaints information viewed was found to be appropriately detailed and included reference to independent advocacy services.

The policies and procedures are maintained on the service information system and in hard format and the contents discussed with the manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently within policies reviewed during inspection. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures.

The complaints log was viewed for 2016-2017, with one complaint arising in 2017. Records of the complaint were reviewed during inspection and supported appropriate processes in place.

Discussion with the manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA. No incidents had arisen since the previous inspection which were reportable to RQIA. Review of two incidents during inspection, reportable within the trust's own procedures supported appropriate processes in place.

The inspector reviewed the monthly monitoring reports for October, November and December 2017. The reports evidenced that the monthly monitoring is carried out by the head of services manager. Monthly monitoring was found to be in accordance with minimum standards regarding input from service users, staff members and professionals but did not consistently reflect feedback from family members; this matter was discussed with the manager during inspection and assurances were provided that the matter would be shared with the head of services manager.

Discussion with two support staff during inspection indicated that they felt supported by their manager and within the staff team at Ellis Grove. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with professionals involved with the service were evident during the inspection and supported an open and transparent process in respect of appropriately meeting service users need. Communication with three family members and two HSCT professionals during inspection supported an open communication process with staff at Ellis Grove.

Nine service user questionnaires were received post inspection and supported a well led service.

No staff questionnaires were received post inspection.

Areas of good practice

There were examples of good practice found during the inspection and supported during discussions with service users, families and an HSCT professionals. Monthly monitoring of services and maintaining relationships with key stakeholders were also evident.

Areas for improvement

No areas for improvement have been 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.



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