

Unannounced Care Inspection Report

23 May 2016



NIAMH Millburn Close

Type of Service: Domiciliary Care Agency

Address: 20 Millburn Close, Mill Road, Belfast BT8 8FJ

Tel No: 02890793388

**Inspectors: Joanne Faulkner
Angela Boyle**

1.0 Summary

An unannounced inspection of NIAMH Millburn Close took place on 23 May 2016 from 10:00 to 16:00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care, and if the service was well led.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011, previous inspection outcomes and any information we have received about the service since the previous inspection.

Is care safe?

Delivery of safe care was evident on inspection. The agency has in place robust recruitment, staff training and induction systems and ensures that there is at all times an appropriate number of suitably qualified, competent and experienced staff to meet the needs of service users. The welfare, care and protection of service users is promoted through the identification of safeguarding concerns, implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust, and when required other stakeholders. The agency has systems in place for ensuring the identification, prevention and management of risk and to promote positive outcomes for service users. Service users indicated that they felt care provided to them was safe. No areas for improvement were identified during the inspection.

Is care effective?

Delivery of effective care was evident on inspection. The agency responds appropriately to meet the individual needs of service users through the comprehensive assessment of need and the development and review of individualised care plans. The agency has in place robust systems for reviewing and monitoring of quality of care in conjunction with service users, and where appropriate their representatives, and for providing ongoing assurance of continuous service improvement. There are robust systems in place to promote effective communication with service users and stakeholders; this was verified by observations made and discussions with HSC Trust representatives during the inspection. No areas for improvement were identified during the inspection.

Is care compassionate?

Delivery of compassionate care was evident during the inspection. The inspectors found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes and the provision of individualised care and support. It was noted from observations made and discussions with service users that staff value and respect the views of service users. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a fulfilling life. The inspectors identified evidence of a range of positive outcomes for service users. The agency has effective systems in place for obtaining and responding to the views

and opinions of service users and their representatives. No areas for improvement were identified during the inspection.

Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. The agency has in place robust management and governance systems to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers operate the agency in accordance with the Regulations and Minimum Standards and fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. Evidence of effective and collaborative working partnerships with HSC Trust representatives and other external stakeholders was evident during the inspection. No areas for improvement were identified during the inspection.

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 Andrew Gowdy, 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

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organization/registered provider: NI Association for Mental Health/William Henry Murphy	Registered manager: Andrew Gowdy
Person in charge of the agency at the time of inspection: Andrew Gowdy	Date manager registered: 9 March 2009

3.0 Methods/processes

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

- Discussion with the registered manager and staff
- Examination of records
- Consultation with service users and stakeholders
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Three service users' care records
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Staff rota information
- Staff Handbook
- Internal Audit Policy, January 2016
- Recruitment and Selection Policy; August 2015
- Supervision Policy, February 2016
- Adult Safeguarding Policy, February 2016
- Referral, Care and Support Planning, and Review Policy
- Disciplinary Procedure, August 2015
- Whistleblowing Policy, March 2016
- Complaints Procedure, December 2014
- Data Protection Policy, February 2016
- Management of Records Policy, August 2015
- Confidentiality Policy, March 2016
- Statement of Purpose, November 2015
- Service User Guide, July 2015
- Induction checklist
- Quality Management Policy, January 2016

During the inspection the inspectors met with four service users, the registered manager, four staff members, and two HSC Trust professionals.

Questionnaires were distributed for completion by staff and service users during the inspection; three staff questionnaires were returned.

Feedback received by the inspectors during the course of the inspection and from returned questionnaires is reflected throughout this report.

4.0 The inspection

NIAMH Millburn Close is a supported living type domiciliary care agency, situated in a quiet residential area on the outskirts of Belfast. The agency offers domiciliary care and housing support to service users with enduring mental health needs.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting good mental health and maximising quality of life.

The services are provided in partnership with Habinteg Housing Association and the Belfast Health and Social Care Trust. The registered premises are located in a bungalow situated beside the service users' individual homes.

Staff are available to support service users 24 hours per day and they each have an identified 'key worker'.

Discussion with the registered manager, staff, service users and HSC Trust representatives provided evidence of positive outcomes for service users; details of which have been included within this report.

The inspectors would like to thank the registered manager, service users, HSC Trust professionals and agency staff for their support and co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the last care inspection dated 20 August 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 21.- (1)(a) Schedule 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>This requirement relates to the registered person ensuring that the agency's staff rota information details the full name of staff supplied.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The inspectors reviewed the agency's staff rota information and noted that it detailed the full name of staff supplied.</p>	
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1 Ref: Standard 5.6 Stated: First time</p>	<p>It is recommended that registered person ensures that staff completing daily recording documentation record consecutively without gaps.</p> <p>Action taken as confirmed during the inspection: The inspectors noted that the agency has recently implemented an electronic system for recording and that entries are recorded consecutively without gaps.</p>	Met

4.2 Is care safe?

During the inspection the inspectors reviewed current staffing arrangements in place within the agency.

The agency's recruitment and selection policy outlines the mechanism for ensuring that required staff pre-employment checks are completed prior to commencement of employment. It was identified that a checklist detailing checks completed is retained by the agency's human resources department; prior to the inspection RQIA was provided with a copy of the checklist. The registered manager stated that they receive confirmation when the process has been completed and that staff are not provided until all necessary checks and training has been completed.

The agency's probation policy and induction handbook detail the induction programme lasting at least three days which is in accordance with the regulations; it was noted that staff are required to complete the organisations Induction Foundation Framework (IFF) during the initial nine months of employment. The inspectors viewed records maintained by the agency relating to the induction programme provided; it was noted that staff are required to complete an induction handbook. Records viewed outlined the information and additional supervision and support provided during the induction period and contained evidence of a comprehensive induction programme. It was identified that staff identified to be in charge are required to complete a competency assessment annually.

The agency has a procedure for the induction of staff supplied at short notice/emergency and for verifying their identity; it was identified from discussions with the registered manager that relief staff are not accessed from another domiciliary care agency. Staff could describe the impact of staff changes on service users and benefits of continuity of care.

Discussions with the registered manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. The staff rota

information viewed reflected staffing levels as described by the manager and staff; the manager could describe the rationale for fluctuating staff levels in order to meet the individual needs of service users. It was noted that the agency are not currently utilising relief staff to cover shifts.

The agency's supervision policy outlines the frequency and process to be followed; it was noted from documentation viewed that staff are provided with a supervision contract. The agency's learning and development policy details the procedure for staff appraisal. It was identified that the agency maintains a record of staff supervision and appraisal; records viewed indicated that they are completed in accordance with the agency's policies and procedures. Staff who spoke to the inspectors confirmed that they received supervision and appraisal and felt that they had were beneficial to them in their role.

Staff who met with the inspectors could describe how the induction programme provided had equipped them for the requirements of their job role. They stated that it included training, shadowing other staff members, meeting service users and becoming familiar with their individual care and support needs and preferred routines. Staff stated that they had the required knowledge, skills and support to carry out their roles; they described the importance of respecting the privacy, dignity and choices of service users and the benefits of supporting service users to take positive risks.

The agency has an electronic system (Cascade) for recording training completed by staff and in addition for highlighting when training is required to be updated; it was viewed by of the inspector. The registered manager stated that they are required to identify and highlight gaps on a monthly basis. Staff stated that they are required to complete mandatory training and in addition training specific to the needs of individual service users' i.e. mental health awareness and challenging behaviour management. Staff stated that they are encouraged to highlight individual training needs and confirmed that training is discussed during individual supervision and appraisal meetings. Staff could describe the recent support they have received in relation to completing vocational training such as QCF Level 3 and Level 5.

The inspectors examined the agency's provision for the welfare, care and protection of service users. The agency has in place a policy relating to the safeguarding of vulnerable adults. The registered manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015; it was noted that the organisation has reviewed and updated their policy and procedures to reflect information contained within the guidance. The manager described the role and support provided from the identified safeguarding designated officer within the organisation and HSC Trust safeguarding representatives.

The agency maintains records in relation to safeguarding vulnerable adults; discussions with the registered manager and records viewed indicated that the agency has adhered to policy and procedures in dealing with allegations of any suspected or actual abuse.

It was identified from discussions with staff and records viewed relating to staff training that staff are provided with both face to face and electronic training in relation to safeguarding vulnerable adults during their induction period; staff are required to complete an update two yearly. Staff who spoke to an inspector demonstrated that they had a good understanding of safeguarding issues and could clearly describe the types of abuse, possible indicators and the procedure for reporting concerns.

Staff had knowledge of the agency's whistleblowing policy and were aware of their responsibility in highlighting and raising concerns.

The inspectors reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's policy for referral, care and support planning outlines the process for assessing and reviewing risk; it details the expectation that risk assessments and management plans are completed in conjunction with service users and where appropriate their representatives. It was noted from records viewed and discussions with staff that risk assessments completed in conjunction with service users and where appropriate their representatives are reviewed regularly. The person completing the agency's monthly quality monitoring audits risk assessments and any restrictive practices in place.

The agency's registered premises are located in a separate building from the service users' accommodation; the premises include a range of facilities which are suitable for the operation of the agency as described in the Statement of Purpose.

Three staff questionnaires were returned to the inspectors; responses received indicate a high level of satisfaction that care provided is safe.

Service user comments

- 'I like living here; I feel safe.'
- 'Staff help me when I am worried about anything.'

HSC Trust representative's comments

- 'Staff informed me of any issues.'
- 'Staff have a good understanding of the service users needs.'
- 'This is a great set up; I would highly recommend it.'
- 'I have honestly no concerns about the care the service users receive; if staff have a concern they phone me right away.'

Staff comments

- 'Care is safe.'
- 'We have enough staff.'
- 'We have regular staff so we know the service users really well.'
- 'We get supervision and appraisal; it is good.'
- 'We are supported to do training to improve our skills.'
- 'Induction was good, very detailed.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.3 Is care effective?

During the inspection the inspectors reviewed that agency's arrangements for appropriately responding to and meeting the assessed needs of service users. Information relating to the nature and range of services provided is detailed within the Statement of Purpose and Service User Guide.

The agency's data protection policy and data retention and disposal policy which outline the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy. The manager could describe the recent introduction of a data protection audit and stated that they will be required to complete audits six monthly. It was noted that the agency had provided service users with information detailing the process for protecting information held by the agency relating to them.

The inspectors viewed a number of individual service user care plans; service users stated that they are encouraged to participate in the development of their care and support plans. It was noted that staff record daily the care and support provided to service users. It was noted that the agency staff are currently supporting service users to complete 'Service user journey' documentation with the emphasis on strengths and goals. Documentation viewed indicated that risk assessments and care plans are reviewed and updated in accordance with the agency's policies and procedures. HSC Trust representatives stated that they are involved in the review process.

Documentation viewed and discussions with staff indicated that the agency has in place robust arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users.

The manager stated that they are required to complete a monthly operational report prior to the monthly quality monitoring visit by a senior manager within the organization. Records viewed included the views of service users and where appropriate relevant representatives. The documentation includes details of the audit of complaints, compliments, accidents, incidents, safeguarding concerns and in addition a review of staffing, documentation and financial management arrangements are completed. It was noted that an action plan is developed; the registered manager stated that they are required to record when actions identified have been completed.

The agency facilitates four to six weekly tenant partnership meetings; records viewed and discussions with service users indicate that they are encouraged and supported to express their views and opinions. It was noted that service users are provided with details of the agency's complaints procedure and that the agency maintains a record of all compliments and complaints; service users could describe the process for making a complaint.

The agency issues questionnaires to service users and stakeholders on an annual basis to ascertain their views on the quality of the service provided; the manager stated that the returns are collated by the organisations quality department and a Service Improvement plan (SIP) developed.

It was noted that the agency provides service users with human rights information issued by the Ministry of Justice and information relating to accessing an independent advocate.

Discussions with the manager and staff evidenced that there had been recent involvement from an independent advocate.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users stated that they can speak to staff at any time and made positive comments about their working relationships with staff. The agency facilitates regular service user and staff meetings and a record is maintained of issues discussed. Service users have the opportunity to attend the organisations service user forum 'Beacon Voice'.

During the inspection it was observed that the agency seeks to maintain effective working relationships with the HSC Trust and other agencies. The manager and HSC Trust professionals described instances of recent liaison in order to achieve better outcomes for service users.

Three staff questionnaires were returned to the inspectors; responses received indicate a high level of satisfaction that care provided is effective.

Service users' comments

- 'Staff help me with my cooking and cleaning.'
- 'I can do what I want.'
- 'I speak to the manager if I am not happy.'
- 'The staff are great.'
- 'I go to concerts with my brother.'

Staff comments

- 'Service users are reviewed with the HSC Trust staff; the service users are supported to lead the meeting.'
- 'Service users are supported to live a fulfilling life.'
- 'We have a good team; the manager is approachable.'
- 'We are always in contact with the Trust keyworkers; we can contact them at any time.'
- 'The service user is involved in writing the care plan and in reviewing it three monthly.'

HSC Trust representative's comments

- 'Communication is good; staff will contact me if they are concerned.'
- 'Staff have a good understanding of the service users needs.'
- 'Care and support is person centred.'
- 'I have a good working relationship with all the staff.'

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 compassionate?

The inspectors sought to assess the agency's ability to treat service users with dignity, respect and equality, and to fully involve service users in decisions affecting their care, support and life choices.

Staff could describe the importance of ensuring confidentiality at all times and had knowledge of the agency's confidentiality procedure; it was noted from records viewed of a recent staff meeting that the importance of confidentiality had been discussed with staff. Staff could describe how the views and wishes of service users are central to service provision and provided examples of positive risk taking to enable service users to live a more independent and fulfilling life. Discussions with staff and training records viewed indicated that staff had received human rights training during their initial induction. Discussions with service users, agency staff and visiting HSC Trust representatives, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation and that care is provided in an individualised manner.

It was identified from care plans viewed that they were written in an individualised manner and service users confirmed that they are involved in decisions relating to the care they receive. Records of tenant partnership meetings reflected the involvement of service users and clearly detailed decisions and choices made by service users.

The manager could describe the process for liaising with the HSC Trust in relation to instances where there are capacity and consent issues identified.

It was noted that the views of service users and/or their representatives were recorded throughout a range of relevant agency documentation. Formal processes to record and respond to service users are maintained through the compliments and complaints process, monthly quality monitoring, review meetings involving HSC Trust representatives, annual service user and stakeholder questionnaires and tenant partnership meetings. The manager described the detail of the organisation's Service User Participation Strategy, August 2015 which focusses on the involvement of service users in relation to service delivery.

During the inspection the inspectors observed agency staff communicating with service users in a manner which took into account the individual views, choices and feelings of service users. The inspectors observed that service users were able to make choices regarding their daily routine and activities. Service users who spoke to one of the inspectors stated that staff agency respect their privacy and dignity; they stated that they can make their own choices in any aspect of their life. Records viewed and discussions with staff and service users indicated that service users are involved in decision making relating to a range of matters.

The inspectors viewed a range of information in an alternative format available to enable service users to have a clearer understanding of the information being provided.

The organisations audit policy outlines the systems in place to evaluate the quality of service provided; it was noted that it is completed in a in a manner which takes into account the views of service users and their representatives. The agency's monthly quality monitoring, tenant's meetings and satisfaction questionnaires provide evidence of consultation with service users.

Three staff questionnaires were returned to the inspectors; responses received indicate a high level of satisfaction that care provided is compassionate.

Service users' comments

- 'I love it here; I like my own space.'
- 'I can do whatever I want.'
- 'Staff are always there for you.'
- 'My friend calls to see me and we make dinner.'
- 'I am in control of my money now.'
- 'I have more choice living here.'
- 'Staff talk to me about my care needs.'

HSC Trust representative's comments

- 'The care is very person centred based on a recovery model, service users are given autonomy and staff promote independence.'
- 'Service users have a better quality of life living here.'
- 'Service users are supported to take positive risks.'
- 'Staff have a good understanding of the service users and their individual needs.'
- 'The care and attention provided by the team is immeasurable.'
- 'The care is person centred and innovative.'

Staff comments

- 'I enjoy working here.'
- 'The service users can do what they want.'
- 'Service users are involved in making decisions about their care.'
- 'We support service users individually and sometimes as a group.'

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 the service well led?

The inspectors reviewed management and governance systems in place within the agency to meet the needs of service users. During the inspection the inspectors viewed a number of policies and procedures. The agency has in place a comprehensive range of policies and procedures which were noted to have been reviewed and updated in accordance with the Minimum Standards, relevant legislation and guidelines. It was noted that the policies and procedures are retained electronically and additionally in paper format stored within the agency's office; staff stated that they have full access to policies and procedures.

Documentation viewed and discussions with the registered manager indicated that the agency's governance arrangements promote the identification and management of risk; these include ongoing review of required policies and procedures, regular audit of complaints, safeguarding

incidents, incidents notifiable to RQIA. The registered manager stated that they had recently completed Quality and Governance training.

The agency's complaints, compliments and concerns policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received one complaint for the period 1 April 2015 to 31 March 2016. Discussion with the registered manager and documentation viewed indicated that the agency had dealt effectively with the complaint received in accordance with their policy and procedures; discussions with staff indicated that they were familiar with the process for receiving and managing complaints.

The agency has in place management and governance systems to drive quality improvement. It was identified that arrangements for managing and monitoring of incidents and complaints include mechanisms for auditing, identifying trends and reducing the risk of recurrences. Documentation examined provided evidence of appropriate staff supervision, appraisal, and management of performance issues. The manager could describe the importance of ongoing review and monitoring of services provided to identify areas for improving the quality of the service, and of providing better outcomes for service users.

The organisational and management structure of the agency outlines lines of accountability and roles and responsibilities of staff. Staff stated that they are provided with a job description which outlines the role and responsibilities of their job role; they could describe their roles and responsibilities. Service users were aware of staff roles and had knowledge of who to contact if they required assistance or had a concern.

The registered person has worked effectively with RQIA to operate and lead the service in accordance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are kept under review.

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

Observations made and discussion with staff during the inspection indicated that there are effective collaborative working relationships with external stakeholders, including where appropriate HSCT representatives. The inspectors spoke to two HSC Trust professionals who provided positive feedback in relation to the engagement with agency staff.

Staff stated that they can access support of the manager at any time and described the process for receiving support out of office hours and in the absence of the manager. They were familiar with lines of accountability and knew who to contact if they required support or guidance. Staff stated that their views and opinions are listened to and that the agency addresses issues raised.

Staff could describe their responsibility in reporting concerns and had knowledge of the detail of the agency's whistleblowing policy.

Three staff questionnaires were returned to the inspectors; responses received indicate a high level of satisfaction that the service is well led.

Service user comments

- 'The manager is great.'

Staff comments

- ‘Training is comprehensive.’
- ‘I feel supported in my job.’
- ‘The manager is supportive and approachable.’
- ‘We are encouraged and supported to do further training; I have just completed QCF.’
- ‘We have staff meetings.’
- ‘If I am worried I can speak to the manager.’

HSC Trust representative’s comments

- ‘The service is well managed; the leadership of the manager is cascaded down.’
- ‘I have good working relationships with the manager; they are well respected.’
- ‘Manager and staff are positive towards suggestions made in relation to service users.’
- ‘The team are always looking for fresh and new ideas; they are always looking forward.’
- ‘The manager’s style of leadership embraces the recovery ethos, thus promoting independence and personal choice; this is evident in his staff team.’
- ‘Our partnership working with Millburn continues to be very positive.’

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

No requirements or recommendations resulted from this inspection.

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 person/manager from their responsibility for maintaining compliance with the regulations and standards.



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