

Unannounced Care Inspection Report 22 August 2017



Woodbank House

Type of Service: Domiciliary Care Agency
Address: 9 Deverney Road, Omagh BT79 0ND
Tel No: 02882251762
Inspector: Joanne Faulkner

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

Woodbank House is a supported living type domiciliary care agency located in Omagh. The agency's aim is to provide accommodation, care and support to meet the needs of people with enduring mental health issues in an environment that takes into account the physical, social, emotional and spiritual needs of service users. Staff are available to support tenants 24 hours per day and support them with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.

3.0 Service details

Registered organisation/registered person: Apex Housing Association/Gerald Kelly	Registered manager: Caroline Swift
Person in charge of the service at the time of inspection: Caroline Swift	Date manager registered: 18 April 2011

4.0 Inspection summary

An unannounced inspection took place on 22 August 2017 from 10.30 to 15.30.

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 since the last care inspection and to determine if the domiciliary care 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;
- Staff induction and training;
- Quality monitoring systems;
- Service user and stakeholder engagement.

The comments of service users have been included in the relevant report sections.

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.

The inspector would like to thank the registered manager, service users and staff for their support and co-operation 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 Caroline Swift, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 3 February 2017

No further actions were required to be taken following the most recent inspection on 3 February 2017.

5.0 How we inspect

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

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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

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

During the inspection the inspector met with the registered manager, three service users and three staff.

The following records were viewed prior to and during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Training and Development Policy
- Supervision Policy
- Disciplinary Policy
- Risk Management Policy
- Safeguarding Vulnerable Adults Policy
- Confidential Reporting Policy

- Complaints Policy
- Data Protection Policy
- Statement of Purpose
- Service User Guide

Prior to the inspection the inspector visited that organisations' Human Resources (HR) department to review the agency's individual staff recruitment records; details of the findings are included within the report.

During the inspection the inspector provided questionnaires for completion by staff and service users; four service user questionnaires were returned to RQIA.

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 3 February 2017

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 3 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 reviewed that agency's systems in place to avoid and prevent harm to service users this included a review of staffing arrangements in place within the agency.

The agency's recruitment policy outlines the process in place for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment. It was identified that the agency's staff recruitment process is managed by the organisation's HR department.

The inspector visited the organisation's HR department on 27 April 2017 and reviewed a number of individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed.

Records viewed by the inspector indicated that the organisation's recruitment systems are robust and ensure that staff are not provided for work until all required checks have been satisfactorily completed.

The agency's training and development policy outlines the induction programme lasting in excess of the three day timescale as required within the domiciliary care agencies regulations; it was noted that staff are required to attend induction training one day per week for the initial ten weeks of employment. The inspector noted that staff are required to complete an induction competency workbook and shadow other staff employed by the agency during their induction programme. Staff who spoke to the inspector stated that the expectation is that they complete the full induction programme within their six month probationary period.

A record of the induction programme provided to staff is retained by the agency; records viewed outlined the information provided during the induction period. Staff who spoke to the inspector demonstrated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles. The inspector viewed records of staff competency assessments.

The manager stated that relief staff are accessed from another domiciliary care agency; the registered manager could describe the process for ensuring that any staff provided at short notice have the knowledge and skills to fulfil the requirements of the job role and for promoting continuity of staff. The inspector viewed a number of staff profiles for relief staff and noted that they contained information in relation to the individuals training, experience, induction and registration with the Northern Ireland Social Care Council (NISCC). During the inspection the inspector spoke to a staff member who is accessed from another agency; they stated that they had completed induction prior to their initial shift and that they were regularly used to provide care and support.

Discussions with the registered manager and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the registered manager. Service users and staff who spoke to the inspector felt that there are enough staff to meet the needs of the service users. It was noted that relief staff provided were familiar with the needs of individual service users.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector viewed staff records and noted that a record of staff supervision and appraisal is maintained by the agency; documentation reviewed indicated that staff receive supervision and appraisal in accordance with the agency's policies and procedures. Staff could describe the benefits of supervision and appraisal.

The agency has an electronic system for recording staff training; the registered manager could describe the process for identifying training needs in conjunction with the organisation's training officer. Staff could describe their individual responsibility for ensuring that required training updates are completed. The inspector noted that staff were required to complete required mandatory training and in addition a range of training specific to the needs of

individual service users. It was noted that the agency has recently introduced an E- Learning programme for staff and that all staff are required to complete an identified training module on a monthly basis in areas such as Fire Safety and Adult Safeguarding.

The inspector viewed that the agency's staff training matrix and individual staff training records; they indicated that staff had completed relevant mandatory training. Staff who spoke to the inspector stated that they felt that their induction and training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The registered manager could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The organisation's policy and procedures reflect information contained within the DOH policy. It was noted that the organisation's registered managers have recently received updated training in relation to the revised policy and procedures and that all staff have completed an E learning module in relation to adult safeguarding.

The agency has identified an Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key areas of responsibility which includes the completion of an annual report relating to adult safeguarding. The agency's policy and procedures clearly outline the process for staff in reporting concerns. The inspector viewed a safeguarding newsletter that the organisation plans to issue quarterly.

Discussions with staff demonstrated that they had a good understanding of adult safeguarding issues and the procedure for reporting concerns. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults. It was identified from training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition an annual update.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the registered manager and records viewed it was identified that the agency maintains a record of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's risk management policy outlines the process for assessing and reviewing risk.

It was noted that service users are supported to participate in an annual review involving their HSCT keyworker and that care and support plans are reviewed six monthly or as required. The inspector viewed records completed by service users prior to the review detailing the areas they wished to discuss during the meeting. The inspector viewed a range of risk assessments in place relating to individual service users.

The agency's registered premises are located in the same building as the service users' accommodation; there are two offices that are suitable for the operation of the agency as described in the Statement of Purpose.

Four service user questionnaires were returned to RQIA; responses received indicated that service users were very satisfied that care provided is safe.

Comments received during inspection.

Service users' comments

- 'Staff look after you well here.'
- 'It is grand here.'
- 'I go out for coffee; I can come and go as I like.'
- 'I feel very safe here.'
- 'This is a good place; I am happy here.'

Staff comments

- 'I am from an agency; I am block booked so that is better for the service users as they know me.'
- 'Service users are safe; the care is good quality.'
- 'Training is good.'
- 'Care is good.'
- 'There are no restrictions for service users who live here.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment, induction, training, supervision, appraisal and adult safeguarding.

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 reviewed the agency's arrangements for appropriately responding to and meeting the assessed needs of service users during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's data protection policy outlines the processes for the creation, storage, retention and disposal of records. It was identified from records viewed both prior to and during inspection that they were maintained in accordance with legislation, standards and the organisational policy. The inspector noted that staff personnel records viewed at the organisation's head office prior to the inspection were retained securely and in an organised manner; records held in the agency's office were noted to be retained securely.

The manager stated that staff received training relating to record keeping and confidentiality during their induction programme.

Service users who spoke to the inspector could describe how staff support them to be involved in the development of their care and support plans. Staff could describe the methods used for encouraging service users to be effectively engaged in the care planning process. Service users stated that they can retain a copy of their individual care and support plans if they want to.

The inspector noted that there are arrangements in place within the agency to monitor, audit and review the effectiveness and quality of care delivered to service users. The organisation has a process for completing quarterly quality monitoring visits; it was noted that additional processes are in place to ensure that relevant information is collated, audited on a monthly basis.

The inspector viewed the records of quality monitoring visits completed by a senior manager and the action plans developed; records viewed indicated that the process is effective. The documentation was noted to include comments made by service users, and where appropriate their representatives. They included details of the review of accidents, incidents or safeguarding referrals, staffing arrangements and financial management arrangements.

Comments recorded on quality monitoring reports

H SCT representatives' comments

- 'Staff keep the keyworkers from the Community Mental Health Team (CMHT) well informed. Good partnerships between staff, tenants and community staff.'

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users. Service users could clearly describe the process for raising concerns or complaints and for obtaining support and guidance from staff.

The agency facilitates bi-monthly service user and staff meetings. Service users who met with the inspector indicated that they are encouraged to attend and provided with the opportunity to express their opinions. It was identified that a range of standard items are discussed at all meetings, they include adult protection and health and safety.

The registered manager could describe the processes in place to develop and maintain effective working relationships with the H SCT representatives and other relevant stakeholders.

Four service user questionnaires were returned to RQIA; responses received indicated that service users were very satisfied that care provided is effective.

Comments received during inspection.

Service users' comments

- 'It is very excellent.'
- 'I am well looked after.'
- 'My social worker visits me.'

- ‘I can do whatever I want; I have freedom.
- ‘I am never unhappy about living here.’

Staff comments

- ‘Service users are given choice.’
- ‘We support service users with cooking, cleaning, arts and craft activities and accessing the local community.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to record keeping, auditing arrangements and communication with service users and other relevant key stakeholders.

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 inspector sought to assess the agency’s ability to treat service users with dignity, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

It was identified that staff had received training in relation to human rights and confidentiality during their induction programme. Discussions with service users and staff, and observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation.

Staff and service users indicated that care and support is provided in a person centred way. Staff could describe the procedure for meaningfully supporting service users to make informed choices. Service users stated that staff encourage them to be involved in discussions relating to their care.

It was noted from documentation viewed that the agency has provided a range of information in an alternative format to support service users to effectively engage in decisions about their individual care and support. Service users who spoke to the inspector stated that they could speak to staff at any time.

The inspector viewed a range of documentation that indicated that the agency has a process in place to record comments made by service users and/or their representatives. Records of service user and care review meetings, and reports of quality monitoring visits indicated engagement with service users and where appropriate their relatives; records were noted to contain comments made by service users and were appropriate relevant stakeholders.

Systems for effectively engaging and responding to the comments and views of service users and their representatives are maintained through the agency’s complaints process; quality monitoring visits; care review meetings and service user meetings. The inspector noted that the agency’s quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

Four service user questionnaires were returned to RQIA; responses received indicated that service users were very satisfied that care provided is compassionate.

Comments received during inspection.

Service users’ comments

- ‘First class service.’
- ‘Staff help me with care.’
- ‘I can do what I want; I like to pray a lot.’
- ‘I am very happy here’ I have choice.’
- ‘I can go out in a taxi on my own.’
- ‘I have lived here 10 years; the place is well run.’

Staff comments

- ‘Service users are listened to.’
- ‘Good team work; we all help each other out to make it better for the service users.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred care and the agency’s processes for engaging with service users and relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users; it was identified that the agency has implemented systems of management and governance. The agency is managed on a day to day basis by a registered manager; they could describe the procedure for obtaining support and guidance from a senior manager within the organisation.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained in an electronic format. A number of the organisation's policies viewed prior to the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency has processes in place for auditing and reviewing information with the aim of improving safety and quality of life for service users. It was noted from records viewed and discussions with the registered manager that the agency's governance arrangements promote the identification and management of risk; these include provision of required policies, audit of staffing arrangements, complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The inspector noted that the agency's complaints policy outlines the process for managing complaints; discussions with staff indicated that they have an understanding of the actions to be taken in the event of a complaint being received. Staff stated that service users are encouraged to raise any issues or concerns they have in relation to the care and support they receive. Service users who spoke to the inspector could describe the process for making a complaint. It was noted from discussions with staff and records viewed that the agency has received no complaints since the previous inspection.

Information viewed indicated that the agency has in place effective management and governance systems to monitor and improve quality; these include ongoing arrangements for monitoring staffing arrangements, incidents, accidents and complaints. Prior to and during the inspection the inspector viewed evidence of appropriate staff recruitment, induction, training, supervision and appraisal. Staff who spoke to the inspector could describe the benefits of continually reviewing the quality of the services provided and of identifying areas for improvement.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff had an understanding of the responsibilities of their individual job roles; service users were aware of staff roles and knew who to talk to if they had a concern. Staff demonstrated that they had a good understanding of the agency's whistleblowing policy. Staff who met with the inspector stated that the manager is supportive and approachable and could describe the procedure for obtaining support out of hours. There was evidence of effective collaborative working relationships with relevant stakeholders, including HSCT representatives; the manager stated that HSCT representatives had recently provided training for staff in relation to mental health.

It was identified that all staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate; the inspector viewed a record maintained by the agency's HR department which records registration details and expiry dates. Discussions with the HR manager and the registered manager provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered. It was noted that registration status is monitored during staff supervision.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

Four service user questionnaires were returned to RQIA; responses received indicated that service users were very satisfied that the service is well led.

Comments received during inspection.

Service users' comments

- 'Service is very good and staff are excellent.'
- 'I talk to the manager if I am worried; she is a great girl, very kind.'
- 'XXXXX is a great boss; staff are very good they care about us.'

Staff comments

- 'We have a good team.'
- 'We are well supported.'
- 'I feel valued.'
- 'The training is good; I feel supported.'
- 'If I saw poor practice I would report it to the manager or senior manager.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements, management of complaints and incidents and quality monitoring processes.

Areas for improvement

No areas for improvement were 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



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