

Unannounced Care Inspection Report 9 May 2017



Sevenoaks Scheme

Type of service: Domiciliary Care Agency/Supported Living

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Inspector: Jim McBride

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Sevenoaks Scheme took place on 9 May 2017 from 09.45 to 13.00.

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

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. The inspection outcomes demonstrated continued compliance with regulations and standards.

No areas for quality improvement were identified.

Is care effective?

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

No areas for quality improvement were identified.

Is care compassionate?

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

No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives are provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. The inspection outcomes demonstrated continued compliance with regulations and standards. No areas for quality improvement were identified.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Antoinette Strawbridge 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 QIP there were no further actions required to be taken following the most recent inspection on 12/05/2016.

2.0 Service details

Registered organisation/registered person: FOLD Housing Association. Fiona McAnespie	Registered manager: Antoinette Strawbridge
Person in charge of the service at the time of inspection: Antoinette Strawbridge	Date manager registered: 9/4/2009

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report;
- Previous returned quality improvement plan;
- Record of notifiable events for 2016/2017;
- Record of complaints notified to the agency;
- Communications with the agency.

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

- Discussion with the registered manager and care staff;
- Examination of records;

- File audits;
- Evaluation and feedback.
- Service user's daily recording records on -line;
- Recruitment policy and procedure (June 2016);
- Staff member's records;
- Induction policy and procedure programme of induction and supporting templates (June 2016);
- Staff member's induction and training records;
- 2017 Annual quality report;
- Staff duty rotas;
- Service user records regarding referral, assessment, care planning and review;
- Quality monitoring records;
- Staff training records including:
 - Safeguarding
 - Medication
 - Care planning
 - Risk assessment
 - Human rights
 - Report writing
 - Dementia awareness
 - Challenging behaviour
- The agencies service user guide/statement of purpose;
- Complaints;
- Service user reviews;
- The agency's statement of purpose (May 2017)
- Monthly monitoring reports completed by the registered provider.

4.0 The inspection

The Sevenoaks Scheme is a domiciliary care agency (supported living) operated by Fold Housing Association. A service is provided to 14 adults with dementia, all of whom live within the Seven Oaks complex. The Scheme is located within the Seven Oaks Housing with Care residential home. All care and support required is agreed by the service users and the HSC Trusts care managers.

During the inspection the inspector spoke with the registered manager, three care workers no service users wished to meet with the inspector during this inspection. Staffs feedback has been included throughout this report.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA, only two questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users, and or relatives. It was disappointing to note that no questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

Following discussion with the registered manager and staff there was evidence of outcomes for service users. This has been demonstrated by the agency throughout this report.

The inspector would like to thank the agency staff for their warm welcome and full co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the most recent inspection dated 12/05/2016

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 12/05/2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 9.5 Stated: First time	The registered person should establish a system to ensure that policies and procedures are subject to a systematic three yearly review. This recommendation relates to a number of policies examined by the inspector during this inspection.	Met
	Action taken as confirmed during the inspection: The agency has completed a number of policy updates in line with legislation and continues to update polices as required. The documentation in place was satisfactory.	

4.3 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. Staff spoken with highlighted the level of management support available. Staff highlighted that they have developed open relationships with service users and families over time.

The inspector received feedback from the manager and staff which indicated that the needs of service users are at the centre of decision making. The inspector noted the staff team is currently fully staffed and also included a number of as and when required staff in place. The staffing arrangements enable the agency to provide familiar staff to service users who particularly like staff continuity. The manager is responsible for the day to day provision of services and she demonstrated good knowledge of service users during inspection discussions and review of records. The staffing arrangements provided by the agency have contributed to positive outcomes for service users. This was supported during the inspector discussions with staff.

It was noted that the agency has a comprehensive induction policy and induction programme which includes an initial period of induction to the service and shadowing experienced staff over a period of time. The inspector received feedback from staff which indicated that the induction period prepares staff for their roles and responsibilities within the agency.

The inspector noted that the staffing arrangements include flexibility to allow service users the time they need to get to know new staff before they provide services alone in the service users' home. The inspector received feedback from staff and through observation which indicated that the needs of service users are a primary consideration in staffing arrangements and have contributed to positive outcomes for service users.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards including customer focus and person centred planning. Staff discussed key training as an ongoing process with provision for additional training as identified.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with the agency policy. Six records reviewed indicated staff supervision and appraisal had taken place in line with the agency procedure and this was confirmed with the acting manager and staff.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed regional and local guidelines maintained by the agency in relation to the safeguarding of adults. The inspector received feedback from staff and examined documentation which indicated that safeguarding training provided by the agency includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

Staff described safeguarding training as being of a good standard and relevant to their roles. Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter. The inspector noted that director of care services is identified as the adult safeguarding champion.

Their local point of contact is with two senior managers and registered service managers. The Safeguarding champion is responsible for advising on safeguarding, monitoring safeguarding and monitoring appropriate returns to them. The safeguarding champion provides safeguarding advice and has overall responsibility to ensure staff training is provided.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. The agency maintains a system of access at all times to the acting manager or senior staff members who have knowledge of the needs of service users.

The manager described the agency's role working with the HSC Trust in relation to safeguarding concerns. The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice/whistleblowing, and are confident of an appropriate management response.

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The inspector examined referral and review arrangements with the HSC Trust which include risk assessments and care/support plans.

The agency's registered premises include a range of offices and staff facilities within the building which are suitable for the operation of the agency as set out in the Statement of Purpose.

Two returned questionnaires from staff indicated:

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

Staff comments during inspection:

- "The tenants feel safe with the staff here."
- "Staff are always available to tenants."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

The agency's arrangements for appropriately assessing 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 and Service User Guide.

The inspector reviewed a range of service users' care and support plans. The inspector was informed that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessment provided by the HSC Trust multi-disciplinary team. Service users receive a yearly review or more often if required. The inspector examined a number of records of annual reviews in place; these records in place were satisfactory and highlighted good service user communications.

Records indicated regular evaluation and review of care plans, including involvement as appropriate with service users' relatives and the HSC Trust; this was supported by feedback from agency staff and service users spoken with during the inspection process.

The agency has developed and maintained a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by a range of senior staff from Fold. The quality monitoring system provides an effective standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of staff, relatives and HSC Trust professionals. The inspector noted some of the comments made by service users, relatives, staff and HSC Trust professionals during the monthly quality monitoring:

Service users:

- "I'm very happy with care staff they are very kind."
- "Everyone has been very helpful to me."
- "No complaints everything is good."
- "I'm happy everyone is very kind to me."
- "I'm happy and well cared for."

Staff:

- “The care is excellent.”
- “I feel supported by the managers.”
- “The residents are like family and they are well cared for.”
- “I find the job rewarding.”

Relatives:

- “The staff are all doing a good job.”
- “Staff are friendly, helpful and caring.”
- “The staff are very approachable.”
- “It takes a load off my mind knowing *** is well cared for.”
- “My *** has settled well and appears happy and content.”
- “Staff are very approachable should any issues arise.”

HSC Trust Staff:

- “My two clients are happy and content.”
- “I’m happy with the level of support my client receives.”
- “Families are happy with the care provided.”

The agency’s systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection.

It was evident that the agency works effectively to implement appropriate communication methods and participate in ongoing re-evaluation to enhance services provided to the service users. In the course of the inspection the inspector observed that staff were aware of and promoted effective communication with all service users.

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. Tenants meetings minutes were reviewed during inspection and areas for discussion included:

- Staffing;
- Activities;
- Environment;
- Support and care;
- Health and safety.

The meetings provide ongoing opportunities to discuss key service user matters and to review matters arising regularly. Communications systems maintained by the agency provided evidence of effective communication, including a complaints and compliments process, tenant meetings, staff meetings, quality monitoring reports and ongoing care plan reviews between keyworkers and service users.

Two returned questionnaires from staff indicated:

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

Staff comments during inspection:

- “We have a good staff team who communicate well with each other.”
- “Both training and induction is excellent.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The 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.

The inspector found that an ethos of dignity and respect, rights, equality and diversity was reflected throughout staff attitudes and the delivery of service. Discussion with staff and observation of their interactions with service users during the inspection showed that staff understand and respect the needs and wishes of service users.

The inspector observed staff promoting the independence and choice to service users throughout their interactions and provision of service delivery. Discussions with staff evidenced that staff focus on people as individuals with different needs and wishes.

Staff discussed how service users expect to have their voices heard in relation to care and support planning. Staff stated service users support plans are discussed and reviewed with each individual using individual communication methods as necessary to support the process.

In the course of the inspection the inspector noted that service users appeared comfortable in their interactions with staff and freely stated their wishes and views. 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 agency maintains formal processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey. The inspector noted the positive feedback received by the agency following their annual quality review 2017. Service users were asked to feedback on the following areas:

- How would you rate care and support?
- Do you feel your wishes are listened to?
- Do you feel you are treated with dignity and respect?
- Do you attend residents meetings?
- Are you aware of the complaints procedure?

- How do you rate the staff?
- What do you think of the variety of activities?

The inspector noted that the information collated during the annual survey was shared with service users, staff and relatives. The inspector was satisfied that the agency has highlighted social outreach as a priority, to ensure the continuing independence and of its service users.

Two returned questionnaires from staff indicated:

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

Staff comments during inspection:

- “Staff get to know the tenants well and what their care and support needs are.”
- “We listen to tenants and their families and respond to their needs.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that systems of management and governance established by the agency have been implemented. The agency is managed on a day to day basis by a registered manager and a range of staff with specific roles and responsibilities.

The inspector saw 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 includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA.

The inspector saw evidence of reflective learning when reviewing service users’ needs, and continued communication with service users and relatives in maintaining and improving the quality of life for service users.

The manager discussed the process for reviewing any incidents individually, and collectively to analyse trends and formulate effective improvement plans.

The inspector noted positive feedback from the HSC Trust professionals regarding the ability of the agency to work in partnership, and their commitment to learn, develop and implement strategies consistently to ensure the best support are available to service users.

The management structure of the agency is clearly defined and was well understood by staff. Staff and service users provided feedback that they were confident of the manager’s ability to address any concerns they may have. Staff stated that the current manager is approachable and very supportive to them all.

The agency maintains a comprehensive range of policies and procedures which were highlighted during inspection. These policies were in line with the three year timeframe recommended in the domiciliary care agency standards. Policies and procedures are maintained in paper format and are also available on the intranet accessible to all staff. It was noted that all policies and procedures are currently being updated in line with new organisational structures.

The agency maintains and implements a policy relating to complaints. The inspector noted that two complaints had been received during the reporting period of 01 April 2016 to 31 March 2017. Review of this record supported appropriate processes in place for complaints review.

Staff could describe how they would respond to concerns about the performance of a colleague and knew how to access the whistleblowing policy. There are effective systems of formal and informal supervision and consultation, both inside and outside of normal working hours. Staff that provided feedback to the inspector had been informed of their responsibilities and understood their roles. The inspector noted that staff work effectively as a team, particularly with regard to maintaining consistency enjoyed by service users.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families, which are valued by staff. It was evident to the inspector that effective partnership working with HSC Trust professionals has resulted in positive outcomes for service users.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary. A recent review was completed by the agency in (2017). The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards. The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that the majority of staff are registered with NISCC. Documentation in place showed that the remaining staff are awaiting their registration certificates.

Two questionnaires returned from staff indicated that:

- Current staffing arrangements meet service user's needs.
- Any complaints from service users are listened to.

Staff comments during inspection:

- "The manager is very good and listens to the concerns of staff."
- "The training is good."
- "My supervision is good and I feel supported by the manager."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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