



The Regulation and
Quality Improvement
Authority

Sevenoaks Scheme
RQIA ID: 10883
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Londonderry
BT47 6DN

Inspector: Audrey Murphy
Inspection ID: IN022277

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**Unannounced Care Inspection
of
Sevenoaks Scheme**

26 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 26 May 2015 from 10:15 – 15:30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	1

The details of the QIP within this report were discussed with the Senior Care Worker on duty as part of the inspection process. The timescales for completion commence from the date of inspection.

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

2. Service Details

Registered Organisation/Registered Person: Fold Housing Association/Fiona McAnespie	Registered Manager: Antoinette Margaret Strawbridge
Person in charge of the agency at the time of Inspection: Antoinette Margaret Strawbridge	Date Manager Registered: 9 April 2009
Number of service users in receipt of a service on the day of Inspection: 14	

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.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Complaints records
- Records of incidents notified to RQIA
- Inspection report of 4 April 2014 and quality improvement plan
- Inspection report of 12 May 2014

The agency had reported 39 incidents to RQIA since the previous inspection and these were in relation to service users experiencing falls and having accidents. There were a number of reports of behavioural incidents forwarded to RQIA, some of which involved the safety and wellbeing of service users. The inspector was satisfied that these had been appropriately managed in conjunction with the HSC Trust.

The agency had received one complaint since the previous inspection, the details of which were discussed with the registered manager.

During the inspection the inspector met with three service users and with five staff. The inspector distributed questionnaires to staff and service users during the inspection and seven of these were returned by staff and three by service users.

After the inspection and at the request of the inspector, the registered manager forwarded a list of service users' representatives and relevant HSC Trust professionals who had agreed to be contacted by RQIA for the purposes of obtaining their views on the quality of service provision.

The inspector could establish contact with only one service user's relatives and with two HSC Trust professionals after the inspection. The views of service users, agency staff, service users' relatives and HSC Trust professionals have been incorporated into the body of this report

The following records were examined during the inspection:

- Staff duty rotas (current and previous)
- Induction, Supervision, Development and Competency Assessment Policy
- Whistleblowing policy
- Staff training records

- Recruitment and Selection policy / Rehabilitation of Offenders Policy
- Induction records
- Monthly quality monitoring reports
- Policy on Use of Agency Staff
- Staff handbook
- Staff register
- Care records
- Training records

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

A previous inspection of the agency was an unannounced inspection dated 4 April 2014. Following the inspection of 4 April 2014 RQIA issued the provider with two notices of failure of comply with regulations. A follow up inspection was completed on 12 May 2014 and during the inspection full compliance with the regulations was assessed.

The completed QIP relating to the findings of the inspection of 4 April 2014 was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 15 (2)</p>	<p>(2) The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall —</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This registered person must ensure that care plans reflect currently assessed needs and provide sufficient guidance to agency staff to meet the needs of service users.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The care records of two service users were examined and reflected the use of assistive technology. The needs and risk assessments were clearly written and the care plans specified how staff were to respond to the needs of service users. It was noted that the use of assistive technology was kept under regular review.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 14 (e)</p>	<p>(14) Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided —</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them;</p> <p>This requirement refers to the implementation of assistive technology in the homes of service users.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The implementation of assistive technology in the homes of service users was discussed with agency staff. The scheme has a finger print recognition system in place which allows service users to access a range of areas within the scheme</p>	

	<p>independently. The use of assistive technology with individuals was discussed and the inspector was satisfied that the privacy and dignity of service users is respected and that any interventions of this nature are necessary and proportionate to the assessed need and risk.</p>	
<p>Requirement 3 Ref: Regulation 16 (2)</p>	<p>(2) The registered person shall ensure that each employee of the agency —</p> <p>(a) receives training and appraisal which are appropriate to the work he is to perform;</p> <p>This requirement refers to the provision of appropriate training in challenging behaviour.</p> <p>Action taken as confirmed during the inspection: Discussion with agency staff and examination of the agency's training records provided evidence that agency staff had received training in this area. Update training in this area had also been scheduled.</p>	<p>Met</p>
<p>Requirement 4 Ref: Regulation 16 (1)</p>	<p>(1) Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that—</p> <p style="padding-left: 40px;">(a) there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency;</p> <p>Action taken as confirmed during the inspection: The numbers of staff available to meet the needs of service users was discussed with the registered manager and the rota outlined clearly the numbers available. The inspector was assured that the numbers supplied were consistent with the numbers described by the registered manager as necessary..</p>	<p>Met</p>

<p>Requirement 5</p> <p>Ref: Regulation 21 (1)</p>	<p>21 (1) 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>(b) retained for a period of not less than eight years beginning on the date of the last entry; and</p> <p>(c) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority.</p> <p>The registered person is required to establish and maintain an alphabetical index of domiciliary care workers supplied, or available for supply, by the agency, including any serial numbers assigned to them.</p> <p>The registered person is required to maintain accurate records of each supply of a domiciliary care worker to a service user.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The agency's alphabetical index of staff was examined and found to be up to date. The agency's records of the supply of staff were also examined and had been maintained and signed by the registered manager.</p>		

<p>Requirement 6</p> <p>Ref: Regulation 13</p>	<p>(13) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless:-</p> <p>(a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>The registered person is required to develop and implement procedures that ensure that all domiciliary care workers supplied to work in the homes of service users are suitably qualified, experienced and fit to undertake their duties.</p> <p>The registered person is required to submit to RQIA these procedures and to provide evidence of implementation with relevant staff members.</p> <p>The registered person is required to ensure there are robust arrangements implemented to ensure that full and satisfactory information is obtained about domiciliary care workers prior to service commencement, as outlined in Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The agency was assessed as having fully met the requirements of this regulation during the follow up inspection of 12 May 2014.</p>	<p style="text-align: center;">Met</p>
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<p>Requirement 7</p> <p>Ref: Regulation 14 (d)</p>	<p>(14) Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The safety and security of service users' property including their homes was discussed with the registered manager and the inspector was satisfied that there were adequate measures in place to promote this at the time of the inspection.</p>		

Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 5.4</p>	<p>It is recommended that the agency reports any changes in the service user's situation and issues relevant to the health and wellbeing of the service user to the referring HSC Trust, and keeps a record of such reports.</p> <p>Action taken as confirmed during the inspection: From discussions with agency staff and examination of the records, the inspector was satisfied that any changes in service users' circumstances are reported to the HSC Trust. It was also noted that accidents / incidents and complaints are monitored during monthly quality monitoring activity.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 8.16</p>	<p>It is recommended that all accidents and any incidents occurring when an agency worker is delivering a service are reported as required to relevant organisations in accordance with legislation and procedures. A record of these is maintained for inspection.</p> <p>Action taken as confirmed during the inspection: The registered manager confirmed her awareness of the need to report all accidents and any incidents occurring when an agency worker is delivering a service to relevant organisations.</p>	<p>Met</p>

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency's Recruitment and Selection Policy (June 2014) and the Rehabilitation of Offenders Policy was examined and reflected the requirements of the regulations with regard to seeking satisfactory references, Enhanced Access NI disclosures, photographic identification and pre-employment health checks. The associated documentation relating to these checks was available for inspection.

The agency's alphabetical index of staff was examined and contained details of both current and previously supplied staff.

The agency's 'Induction and Training Plan for New Employees of Fold' template was examined and reflected a three day structured induction programme. Each of the three days had a range of areas to be covered including facilities, policies and procedures, communication, courtesies, finance, role / job information and training and development. The induction documentation also includes any areas of training required during the induction period and any further training beyond the induction period. Induction records also contain a one month, two month and three month review. The inspector viewed several examples of completed induction records and noted these had been signed by the member of staff and senior staff member. During the induction period staff also sign to confirm their awareness of a range of agency policies and procedures.

The agency's Use of Agency Staff policy was examined and included the arrangements for checking identification and obtaining confirmation of pre-employment checks prior to supplying the worker. There is a checklist for the induction of staff from other agencies and the registered manager advised the inspector that at the time of the inspection there were no staff being supplied from other domiciliary care agencies

The Induction checklist includes a section at the end of the shift for the SSW to evaluate the worker's performance.

The agency's staff handbook was examined and includes information on conduct, behaviour and discipline, development opportunities, performance management, health, safety and welfare.

The agency's arrangements for staff supervision and appraisal were discussed with the registered manager who advised the inspector that the existing policy on staff supervision is under review and not currently being implemented.

The agency's Induction, Supervision, Development and Competency Assessment policy was examined (June 2013) and outlined the frequency of staff supervision for the range of staff employed by the agency. The registered manager acknowledged that the agency's supervision arrangements were not in accordance with the current policy and that there were gaps in the provision of supervision.

The agency's monthly quality monitoring reports identified gaps in the provision of supervision also however it was unclear whether the actions taken to remedy this had been evaluated.

Is Care Effective?

The agency is managed by the registered manager and there are six senior care staff and care staff who provide care and support to service users over the 24 hour period. A senior member of staff is available at all times on site. The registered manager advised the inspector that at least two care staff are on during the day and there is an additional member of staff on a 'twilight' shift, 19:30 – 22:30. Waking staff are available to respond to service users at night. The agency's duty rotas were examined and it was encouraging to note the significant improvements in the quality of these records since the previous inspections.

The manager had signed each rota and the inspector sampled a number of weeks between January 2015 and May 2015. The rotas provided an assurance that the staffing levels had been maintained and that consistent staffing was available to the service users.

The agency's induction arrangements allow staff members and senior staff to identify training needs during and after the induction period. There was evidence that these training needs are met within the initial stages of employment and of newly appointed members of staff having their mandatory training scheduled, in accordance with RQIA guidance.

Staff supervision is provided by senior staff who have received training in this area. The inspector examined a Fold staff performance appraisal template and this included self-appraisal and appraisal against a number of areas of competence including: medication management, fire safety, tenant care and support, accident / incident management, complaints, safe and health working practices, management and control of operations, management of records and staff supervision and appraisal. The template also included a training and development plan and objectives for the forthcoming 12 months period.

The agency's Whistleblowing policy (September 2014) was examined and is summarised within the staff handbook. Staff who participated in the inspection indicated their awareness of the policy.

Is Care Compassionate?

The supply of staff to work with service users was discussed with the registered manager and with care staff who confirmed that all staff are very familiar with the needs of service users. The registered manager confirmed that at the time of the inspection there were no staff from other domiciliary care agencies being supplied to work with service users.

There was evidence within the agency's induction documentation to confirm that the induction of new staff takes into account the consent of service users.

The agency's staff handbook includes information for staff on performance management and on conduct, behaviour and discipline.

Areas for Improvement

The registered person shall ensure that each employee receives appropriate supervision.

The registered person should ensure that the policy and procedures detail the arrangements for and frequency of supervision.

Number of Requirements	1	Number Recommendations:	1
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

The needs assessments, risk assessments and care plans examined were very detailed and had been prepared in a person centred manner, reflecting the views of service users and their relatives.

Several service users were noted to have assistive technology in place and there was evidence that this had been put in place following assessments and consultations with the service user and their representatives. It was also evident that these practices are reviewed regularly and one service user was noted to have more independence following a review of their risk assessment which indicated lower risks.

Service users' assessments and care plans are reviewed regularly by agency staff and there was evidence of HSC Trust reviews and the views of service users' representatives documented in the records of the reviews.

Is Care Effective?

The records of meetings held with service users and their relatives were examined and comments from service users were sought in relation to staffing, the care provided, the environment and activities. Comments made by service users in relation to staffing were noted in the records and were positive. The service users' agreements contain information about the agency's complaints procedures and agency staff confirmed they have received training in human rights.

Is Care Compassionate?

The inspector was advised that service users are encouraged to structure their daily activities in accordance with their preferences. The inspector observed agency staff working with service users in a sensitive and friendly manner.

Agency staff advised the inspector that service users' choices are promoted at all times and that service users are encouraged to remain as independent as possible.

Areas for Improvement

There were no areas for improvement identified within this inspection theme.

Number of Requirements	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

5.3.1. Staff Training Records

The agency's staff training records were examined and reflected uptake in training in the mandatory areas, in accordance with RQIA guidance. The records also highlighted which areas of training will require updates and the timescales for these.

Training in the area of Handling Service Users' Finances was not included within the mandatory areas and this was discussed with the Senior Care Worker. It was confirmed that agency staff are regularly involved in handling service users' finances and in making purchases on their behalf. A requirement has been made in this regard.

5.3.2. Monthly Quality Monitoring

The reports of the monthly quality monitoring visits undertaken on behalf or by the responsible person were examined during the inspection. The reports for December 2014, January 2015, February 2015 and March 2015 were available and the report of the visit undertaken in April 2015 was forwarded to RQIA following the inspection.

The reports examined were very detailed and included a review of the action plan and timescales identified during the previous monitoring visit. Service users' relatives and agency staff were consulted consistently during the monitoring visits however on one occasion service users were not consulted due to their unavailability.

Only one of the monthly quality monitoring reports referenced consultation with a HSC Trust professional and a recommendation has been made with regard to this.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Senior Care Worker as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to Supportedliving.services@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 16 (4)</p> <p>Stated: First time</p> <p>To be Completed by: 20 July 2015</p>	<p>(4) The registered person shall ensure that each employee receives appropriate supervision.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All staff will receive appropriate supervision as stipulated within the regulations and reflected by the Association's policy. This will be reviewed by the Registered Manager and as part of the monthly audit visit.</p>
<p>Requirement 2</p> <p>Ref: Regulation 16 (2)</p> <p>Stated: First time</p> <p>To be Completed by: 18 August 2015</p>	<p>(2) The registered person shall ensure that each employee of the agency—</p> <p>(a) receives training and appraisal which are appropriate to the work he is to perform;</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Training in the area of handling service users finances is being rolled out to all staff this will include agency staff who are also involved in this area.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be Completed by: 20 July 2015</p>	<p>The policy and procedures detail the arrangements for and frequency of supervision and staff appraisal.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Association's policy and procedures have been reviewed to reflect the regulatory requirement in respect of supervision and appraisal.</p>
<p>Recommendation 2</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p> <p>To be Completed by: 20 July 2015</p>	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>This recommendation refers to the inclusion of the views of HSC Trust professionals in the monthly monitoring reports.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: As part of each monthly monitoring visit the designated person will contact and record the views of HSC Trust professionals.</p>

Registered Manager Completing QIP	Toni Strawbridge	Date Completed	7/7/2015
Registered Person Approving QIP	Fiona McAnespie	Date Approved	7/7/2015
RQIA Inspector Assessing Response	Audrey Murphy	Date Approved	27/08/15

Please ensure the QIP is completed in full and returned to Supportedliving.services@rqia.org.uk from the authorised email address

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