



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
342 Ormeau Road**

**1 March 2016**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 1 March 2016 from 10.00 to 15.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified and there is no 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Martin Dillon Belfast Health and Social Care Trust	<b>Registered Manager:</b> Padraic Fenlon
<b>Person in charge of the agency at the time of Inspection:</b> Padraic Fenlon	<b>Date Manager Registered:</b> 3 December 2011
<b>Number of service users in receipt of a service on the day of Inspection:</b> 12	

342 Ormeau Road is a supported living type domiciliary care agency operated by the Belfast Health and Social Care Trust. 342 Ormeau Road provides twelve places in shared accommodation for service users with mental health problems. The service provided is based on participation in a programme of recovery and support. Placements tend to offer support for approximately two years and individual service users are assisted with support in activities of daily living, including areas such as cooking, financial management and medication management.

### 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 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:

- Examination of records
- Discussion with the staff and registered manager
- Feedback from service users and their representatives.

Prior to inspection the following records were analysed:

- Report and QIP of previous RQIA care inspection
- Records of incidents reported to RQIA
- Any relevant information regarding the agency received by RQIA.

During the inspection the inspectors met with the registered manager, operations manager, four members of staff, one student professional, five service users, one visitor, and spoke with two community professionals and two relatives. Feedback received by the inspectors is included throughout this report.

The inspectors left a number of staff questionnaires for completion; seven were returned. Seven questionnaires indicated that staff were either satisfied or very satisfied:

- That service users received care and support from staff who were familiar with their care needs
- That service users have their views and experiences taken into account in the way service is provided and delivered
- That staff would be taken seriously if they were to raise a concern
- That the agency's induction process prepared staff for their role.

Three staff questionnaires indicated that staff were either satisfied or very satisfied:

- That an appropriate number of suitably skilled and experienced staff are available at all times.

Six staff questionnaires indicated that staff were either satisfied or very satisfied:

- That the agency's whistleblowing policy is accessible to all staff.

**Staff comments:**

'Service users have established rapport with staff and have commented that they feel they can speak openly and avail of support'

'Service users are involved in a weekly house meeting to voice concerns/opinions/interests/needs and also encouraged to engage in weekly key work sessions'

'Concerns raised by staff are listened to'

'Staff work in client centred way and view service user holistically'

'Staff get along well together and team work and good communication are ...effective'.

The inspectors left a number of questionnaires for service users to complete; four were returned. Service users indicated that they were satisfied or very satisfied:

- With the care and support they received
- That their views and opinions were sought about the quality of the service
- That staff know how to care for them and respond to their needs
- That staff help them to feel safe and secure
- That an appropriate number of suitably skilled and experienced staff are available at all times.

**Service users' comments**

'It's a very good living environment'

'It's easy going'

'I wouldn't change anything, it's a nice place'

'I'm happy here'

'There's nothing I would change'.

The following records were examined during the inspection:

- Care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Documents relating to staff training
- Records relating to staff supervision
- Recruitment policy
- Supervision policy

- Induction procedure and induction records
- Complaints and compliments records
- Staff register
- Staff rota information
- Service user meeting minutes
- Staff handover information
- Staff meeting minutes.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 3 March 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 23 (2) (a)(b)</p>	<p>At the request of the Regulation and Quality Improvement Authority; the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <ul style="list-style-type: none"> <li>(a) Arranges the provision of good quality services for service users;</li> <li>(b) Takes the views of service users and their representatives into account in deciding-               <ul style="list-style-type: none"> <li>(i) What services to offer them, and</li> <li>(ii) The manner in which such services are to be provided</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>• The registered person should ensure that the ongoing assessment of restrictive practice is included in the monthly monitoring reports.</li> <li>• The views of service users', representatives, relatives and professionals must be included in the reports of monthly monitoring. This should include any factors which impact on the agency's ability to ascertain such views.</li> </ul>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors reviewed a range of reports of monthly monitoring which included a record and consideration of restrictive practices. The views of service users' representatives, relatives and professionals were included in the reports of monthly monitoring. Where the views of relatives or</p>	

	professionals could not be ascertained, an explanation was stated.	
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 8.15	<p>There are written accounting and financial control procedures that meet professional standards of good practice and legislative requirements and provide safeguards against errors or fraud.</p> <p>In the interests of safeguarding service users' monies, the agency should review the arrangements for reconciling financial transactions and safe contents to include regular and random audit by the registered manager.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>An inspector reviewed a range of financial records including safe records and noted that regular and random audits are overseen by the registered manager and deputy manager.</p>	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 12.4	<p>The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>This refers to staff requests for consideration of training in the areas of:</p> <ul style="list-style-type: none"> <li>• The mental health recovery model</li> <li>• Substance misuse.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the registered manager, staff, and examination of training records indicated that the agency has considered the training needs of individual staff and provided appropriate training in the areas requested. It was noted that the staff rota indicated that some staff are rostered to attend further training in coming weeks.</p>	

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

#### **Is Care Safe?**

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory, and that staff are fit for the purposes of work. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained.

The agency has a structured induction programme lasting at least three days; the programme was seen by an inspector. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

The inspectors were advised that the agency does not use staff from a domiciliary care employment agency. If shifts are required to be covered at short notice, staff currently employed by the agency provide cover.

The agency has a policy and procedure in place for staff supervision and appraisal which details frequency of four sessions of individual or peer supervision per year. An inspector saw records of supervision which indicated that staff receive individual supervision in line with agency policy. In addition to four supervision sessions each year, all staff who have responsibility for handling medication or money have annual medication and finance competency assessments. An inspector reviewed records of finance and medication competency maintained by the agency.

#### **Is Care Effective?**

Discussions with staff indicated that an appropriate number of skilled and experienced persons are available to meet the assessed needs of service users. Examination of staff rotas reflected staffing levels described by staff. Some staff commented on levels of staff sickness and how this impacts on the provision of services which can promote the independence and social inclusion of service users.

The registered manager discussed changes in staffing arrangements in the agency which will provide additional staffing within the service. In addition, the agency is benefitting from the enhancement of services by an HSC Trust community team where an occupational therapist and support workers provide an in reach service to service users with particular assessed needs.

Staff who took part in the inspection were clear regarding their roles and responsibilities and described a range of communication methods used within the agency. Service users and relatives provided feedback to the inspectors that the staff team were skilled in meeting service users' needs. Some staff commented on the strengths within the staff team, including team work, effective communication, flexibility, and mutual support.

Documentation indicated that an effective induction programme is provided prior to staff giving care and support to service users. An inspector received feedback from staff who described their induction as effective in preparing them for their role. The agency has a stable staff team and no new staff have been inducted within the last two years.

The registered manager discussed how the effectiveness of staff induction is assessed through supervision and observation; records of induction indicated that regular supervision takes place during the probationary period.

Discussion with staff showed that the agency has a process in place to identify and respond to training needs. Staff described receiving both mandatory and additional training relating to the needs of service users and personal development.

Supervision is provided by staff who have appropriate supervisory training. Staff described receiving supervision and appraisal in line with the agency's policy.

The whistleblowing policy is accessible to staff in electronic and paper formats. Staff provided feedback that they were confident that concerns raised would be appropriately considered by the agency.

### **Is Care Compassionate?**

The agency has a process to maintain a record of comments made by service users/representatives in relation to staffing arrangements, including through monthly monitoring reports, service user meetings, complaints and compliments processes.

The agency has good continuity of staff and uses staff employed by the agency to ensure that all shifts are filled. Staff reported that any potential changes in staffing arrangements are discussed with service users on a one to one basis or through service user meetings. The agency has a process in place for addressing the unsatisfactory performance of a domiciliary care worker.

Examination of records relating to the staff induction programme indicated that induction is specific to the needs of service users. The registered manager and agency staff described how the induction process involves meeting service users and learning about their care needs with an experienced member of staff. The induction process takes into account the consent, privacy and dignity of service users.

Agency staff who took part in the inspection confirmed that they have the knowledge and skills to carry out their roles and responsibilities. Community professionals and relatives provided feedback regarding the appropriate knowledge and skills of agency staff. In the course of the inspection some staff commented on the complexity of the needs of service users and the effectiveness of links with the HSC Trust Multi-Disciplinary Team to manage these risks. Community professionals commented on effective communication and positive working relationships with agency staff.

### **Areas for Improvement**

There were no areas for improvement identified in relation to Theme 1.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Theme 2: Service User Involvement - service users are involved in the care they receive**

### **Is Care Safe?**

An inspector viewed assessment documentation relating to the referral process in its entirety which reflected the views of service users and/or representatives. An inspector noted that the assessment of needs and risks completed by the referral agent is currently under review. The registered manager agreed to take forward the suggestion that the documentation could be adjusted to more effectively include the views of service user and/or their representatives. A range of care and support plans examined by an inspector reflected assessments of need and risk assessments, including the views of service users regarding their co-operation with specialist risk assessments and plans.

It was noted that service users at 342 Ormeau Road have a range of needs, including complex needs which require regular and responsive risk management in conjunction with the HSC Trust services. Staff discussed examples of service users' engagement with positive risk management, in conjunction with assessment and monitoring involving the HSC Trust. Staff who took part in the inspection process had an understanding of the issues relating to balancing risk whilst respecting the human rights, independence, and wishes of individual service users. Agency staff commented on the effectiveness of agency management and working relationships with the HSC Trust in managing the complex needs and risks of service users. HSC Trust professionals provided positive feedback regarding the ability of agency staff to work collaboratively with the Trust to manage risks and needs.

### **Is Care Effective?**

Records were maintained which showed that care and support plans are regularly evaluated and reviewed within procedural guidelines and as the service user's needs change. It was noted that records indicated the HSC Trust and agency engage in review meetings regularly as directed by the needs of individual service users. The views of service users and/or their representatives were recorded in review records; a relative provided feedback regarding their attendance and participation at review meetings.

An inspector viewed a range of detailed care and support plans which were written in a person centred manner, included the service users' wishes throughout, and showed evidence of updating.

The written evidence reviewed during inspection and feedback from a number of service users indicated that the agency responded consistently to the views of service users. The agency has processes in place to ascertain and respond to the views of service users and their representatives, including through monthly monitoring and service user meetings.

The inspectors met with service users who were able to discuss how they choose to lead their lives, including through the pursuit of individual interests. It was noted that the agency showed flexibility in supporting a service user to keep pets.

Service users have been provided with information relating to human rights and advocacy in a suitable format. It was noted that a range of information is maintained on a notice board in a main thoroughfare in the building, easily accessible to service users.

## Is Care Compassionate?

During the inspection it was evident that service users receive individualised care, in a manner which promotes the choice and independence of each person. The inspectors received feedback from community professionals regarding the person centred nature of service provision, which is focused on promoting recovery, rights and choices. Service users discussed the choices they make regarding their daily routines and individual interests.

It was evident from discussion with service users and relatives that they are aware of their rights to be consulted and have their views considered in relation to service delivery. Relatives commented that staff are approachable: 'The staff are brilliant, I can speak to staff if I need to.' 'The staff do all they can to help.' 'The issue was quite thoroughly dealt with.'

The agency could demonstrate that the service users' views, capacity and consent have been taken into account in service delivery. Staff who participated in the inspection could clearly describe how human rights and the values underpinning the minimum standards are promoted in the care provided to each service user. Staff were able to describe how the promotion of human rights is implemented in practice, including a good understanding of issues relating to human rights and risk taking by service users. The inspector received feedback from service users, relatives and community professionals which indicated that human rights and core values are demonstrated through service provision.

It was noted by the inspectors that since the previous inspection of 3 March 2015, the agency has taken effective steps to enhance service users' human rights and promote the choice, independence and privacy of service users.

## Areas for Improvement

There were no areas for improvement identified in relation to Theme 2.

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b>	0
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## 5.5 Additional Areas Examined

### Quality monitoring

Reports of monthly quality monitoring completed on behalf of the registered person were examined during inspection. The reports ascertain and respond to the views of service users, relatives, professionals and staff. It was noted that positive feedback regarding the quality of service had been received by service users, relatives, and community professionals from the HSC Trust. The reports progress on improvement issues identified by monitoring and RQIA Quality Improvement Plans. The inspector noted that the standard of quality monitoring reports provided assurance of the maintenance of an appropriate system of quality monitoring.

### Complaints

The inspector examined records of complaints received from 1 January 2014 - 31 March 2015, no complaints were received.

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 service. 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.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

<b>Registered Manager</b>	Padraic Fenlon	<b>Date Completed</b>	05/04/2016
<b>Registered Person</b>	Martin Dillon	<b>Date Approved</b>	05/04/2016
<b>RQIA Inspector Assessing Response</b>	Rhonda Simms	<b>Date Approved</b>	06/04/16

Please provide any additional comments or observations you may wish to make below:

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