

Announced Care Inspection Report 7 February 2017



342 Ormeau Road

Type of Service: Domiciliary Care Agency/Supported Living

Address: 342 Ormeau Road, Belfast BT7 2GE

Tel No: 028 9504 2813

Inspector: Michele Kelly

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of 342 Ormeau Road took place on 7 February 2016 from 10:00 hours to 15:40 hours.

The inspection sought to assess progress with any issues raised during and 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.

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 agency advised RQIA of plans to enhance the workforce in the coming months. Staff provided feedback that managers are approachable and accessible for consultation at all times.

The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with Health and Social Care (HSC) Trust professionals.

The arrangements for the provision of care and support include appropriate involvement of tenants, the HSC Trust and relatives. The inspector found evidence of positive outcomes through a process of person centred assessment, and a regular multidisciplinary review of needs, preferences, and risks.

One area for quality improvement was identified and involves ensuring the full names of staff are included in duty rotas.

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 have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

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. In addition, formal processes such as monthly quality monitoring and the annual survey provide evidence of involvement of service users and their representatives in decision making.

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 were provided with information on the organisational structure and how to contact management as necessary. The inspector noted evidence of constructive working relationships with key stakeholders, including relatives and the HSC Trust, which has contributed to positive outcomes achieved with the tenants supported.

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	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Padraic Fenlon, registered manager, and Fiona Rowan, operations manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Martin Joseph Dillon	Registered manager: Padraic Oliver Fenlon
Person in charge of the service at the time of inspection: Padraic Oliver Fenlon	Date manager registered: 3 December 2011

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA

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

- Discussion with the senior support worker in charge
- Discussion with the operations manager
- Examination of records
- File audits
- Evaluation and feedback

During the inspection the inspector spoke with the registered manager, deputy manager, operations manager, three support staff and three service users. Following the inspection the inspector spoke on the telephone with two relatives and a professional from the HSCTrust.

The following records were examined during the inspection:

- HSC Trust assessments of needs and risk assessments
- Two care and support plans
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Induction records
- Staff rota information
- Recruitment Policy 2016

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; six were returned. At the request of the inspector, questionnaires were distributed for completion by service users; three were returned. Feedback received by the inspector during the inspection process is included throughout this report.

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 01/03/2016

There were no requirements or recommendations made as a result of the last care inspection.

4.2 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 and service users indicated that while sufficient numbers of staff are available to meet the needs of service users at all times, vacant shifts are often covered by the current staff team or a small pool of bank staff that hold substantive posts in other services operated by the organisation. The staffing arrangements enable the agency to provide familiar staff to facilitate services to service users but it was evident that recent events had put added pressures onto the staff team. Monthly monitoring reports and minutes of team meetings indicated that staff had voiced concerns about staffing levels in recent months. The manager outlined the reasons for staff shortages and the local arrangements to address these issues. A HSC professional who works closely with the agency told the inspector how valuable a consistent staff team is for the service users in 342 Ormeau Road; this professional also described good collaborative relationships with staff in the service.

Subsequent to the inspection the operations manager provided RQIA with a written action plan designed to strengthen the workforce in the agency with extra permanent staff. RQIA will continue to monitor staffing levels in 342 Ormeau Road. The inspector noted that duty rotas did not include the full names of staff on duty and a requirement is made to address this matter.

It was noted that the agency has an induction policy and induction programme of at least three days in accordance with Regulations. The inspector received feedback from staff which indicated that the induction prepared them sufficiently for their roles and responsibilities.

Records of training were reviewed by the inspector and it was noted that mandatory training and additional training, which is beneficial to service users, has been attended by staff. Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. Staff stated that the registered manager and deputy manager are 'approachable' and 'operate an open door policy' in respect of consultation and informal supervision.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. Safeguarding training provided by the Belfast Health and Social Care Trust includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter. Staff who provided feedback to the inspector had a good understanding of safeguarding issues and were clear regarding agency procedures.

Staff were able to describe their roles where safeguarding concerns arose with service users, understood the role of the HSC Trust, and described how they worked with service users to implement relevant protection plans. The registered manager outlined a reportable incident which demonstrated the agency's response to protect service users and staff from potential harm.

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The agency operates a risk management strategy; records of risk assessments are completed with each service user, regularly evaluated and reviewed. It was noted that the review arrangements with the HSC Trust multidisciplinary teams allow for flexible and regular review of service users as indicated by their level of need. It was evident from feedback received from staff that appropriate partnership working is maintained in respect of risk management. The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Areas for improvement

One area for improvement was identified during the inspection and refers to ensuring that the agency records the full names of staff on the duty rota.

Number of requirements	1	Number of recommendations	0
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4.3 Is care effective?

The agency's arrangements for appropriately assessing and meeting 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 (2016) and Service User Guide (2016).

The inspector reviewed a range of service users' care and support plans. Staff informed the inspector that care and support plans are developed with service users in conjunction with assessment information provided by HSC Trust professionals. Records and staff feedback indicated regular reviews of care and support plans by the key worker and service user, and at least annual review with the HSC Trust.

The agency maintains 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 group of individuals including the registered manager of another service operated by the agency, and HSC Trust professionals who have knowledge of the service provided and the needs of service users. The quality monitoring system provides an objective, thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matters.

Service users and relatives who provided feedback indicated that they know who to go in the agency to discuss an issue or complaint. Complaints and compliments records, quality monitoring reports, the service user and relatives' evaluation surveys, and tenant meetings records provided evidence of how the agency maintains records of comments made by service users and/or their representatives.

During the course of the inspection the inspector observed that service users appeared to have good relationships with the registered manager and staff. Service users commented positively about their relationships with staff and ease of access to staff support.

Maintenance of a system to record complaints and compliments, quality monitoring reports, care records, and the service user evaluation survey provided evidence of how the agency maintains records of comments made by service users and/or their representatives. Records of service users' meetings indicated that service users are actively encouraged to contribute their views, have been involved in decision making processes, and were informed of changes in staffing.

Staff commented:

- "Care is effective and well maintained; I feel it is the priority within the unit".

The inspector received feedback from staff, and viewed records which indicated that the agency maintains effective methods of relevant communication and partnership working with key stakeholders including relatives and the HSC Trust. The deputy manager spoke of the work with the resettlement team in the HSC Trust and how this collaboration benefits service users.

A professional commented:

- "None of my service users want to leave 342 Ormeau Road."
- "Service is very responsive 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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4.4 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 in decisions affecting their care and support. In the course of the inspection, the inspector found indications that the values stated in the Minimum Standards, including dignity, respect, independence, choice, rights, equality and diversity, were present in service delivery at 342 Ormeau Road.

The inspector observed staff interacting with service users in a manner which showed respect and promoted choice. Positive relationships between staff and service users were evident to the inspector; service users provided good feedback about how well they are treated by staff.

The registered manager advised the inspector of circumstances surrounding a reportable incident. It was evident from the description of the agency's response that both staff and service users' wellbeing and feelings were taken into account and appropriate measures put in place to support those who live and work in 342 Ormeau Road.

Service users commented:

- “I am contented here, I have choices.”
- “It’s good, staff treat me well.”

Relatives’ comments:

- “We are content with the service.”
- “Brilliant staff **** is very happy.”

The inspector found that service users were involved in a range of different activities and facilitated to develop interests in the local community. A service user has been supported to look after a pet; and other service users enjoy having responsibility for a cat. All of the service users spoken with provided positive feedback to the inspector regarding living in 342 Ormeau Road.

The agency maintains systems to evaluate the quality of service provided, in a manner which takes into account the views of service users and their representatives. The monthly quality monitoring, annual service user and relatives’ evaluation survey record consultations with service users. The annual survey for this year is not complete but the inspector saw evidence of some returned questionnaires.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that the agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff, and policies are retained in the office used by staff daily.

The agency maintains and implements a policy relating to complaints and compliments. The inspector noted that no complaints were recorded during the reporting period of 1 April 2015 to 31 March 2016.

The management structure of the agency is clearly defined and was well understood by staff and service users. Staff who provided feedback to the inspector were informed of their responsibilities and understood their roles. Some staff did comment on the difficulties with staffing in recent months and the consequences this had for the managers and tenants of the service. There was evidence of regular and effective staff supervision and appraisal. The inspector noted some appraisals were overdue but these had been scheduled to take place in the coming weeks. Staff who provided feedback to the inspector commented on supportive working relationships within the staff team, including their relationship with the registered manager.

The registered person 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 (2016).

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders which are valued by staff. The inspector noted positive feedback from HSC Trust professionals recorded in quality monitoring reports regarding the quality of service provision at the agency.

Staff could describe lines of accountability and knew when and who to discuss concerns with. The inspector was informed that staff were confident that the registered manager would listen to and address their concerns. Staff described the registered manager as being approachable and supportive. A member of staff discussed the supportive, positive responses by management staff after this person's return from long periods of leave.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Padraic Fenlon, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the supported living type domiciliary service. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to **the web portal** for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 21 (1)(a)

Stated:
First time

To be completed by:
Immediate and ongoing

The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-
(a) kept up to date, in good order and in a secure manner.

This requirement relates to the registered person ensuring that the agency's staff rota information is updated to include the full names of staff provided and the timings of shifts.

Response by registered provider detailing the actions taken:

The Agency's staff rotas has now been updated to include the full name of staff provided and the timings of shifts- Padraic Fenlon registered manager 7/3/17.



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