

# Unannounced Care Inspection Report 7 February 2019



## Teach Sona

**Type of Service: Domiciliary Care Agency**  
**Address: 5 Mullanstown, Mullaghbawn BT35 9EX**  
**Tel No: 02830888866**  
**Inspector: Joanne Faulkner**

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

**1.0 What we look for**



**2.0 Profile of service**

Teach Sona is a supported living type domiciliary care agency, situated in a residential area in Mullaghbawn. The agency provides housing, care and support to individuals, in addition the agency provides care and support to a number of service users living independently in the local area. The Southern Health & Social Care Trust (SHSCT) employs the staff provided to deliver 24 hour care and support to the service users. The agency's office is located in the home of a number of service users.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of supporting service users to live as independantly as possible and maximising quality of life.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> SHSCT  <b>Responsible Individual:</b> Shane Devlin	<b>Registered Manager:</b> Tracey Welch
<b>Person in charge at the time of inspection:</b> Senior support worker/Deputy manager	<b>Date manager registered:</b> 21/04/2017

### 4.0 Inspection summary

An unannounced inspection took place on 7 February 2019 from 10.15 to 16.15.

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

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Communication with service users, relatives and other relevant stakeholders;
- Effective engagement with service users;
- Staff induction and training;
- Staff supervision and appraisal;
- Quality monitoring processes;
- Provision of care in a person centred manner.

No areas for improvement were identified during the inspection.

Comments made by service users and their relatives have been included within the report.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

The inspector would like to thank the person in charge, a relative, staff and service users for their feedback, support and co-operation throughout the inspection process.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge, as part of the inspection process and can be found in the main body of the report.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 26 January 2018**

No further actions were required to be taken following the most recent inspection on 26 January 2018.

#### **5.0 How we inspect**

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

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

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

- Discussion with the person in charge and the deputy manager
- Examination of records
- Consultation with service users and staff
- Evaluation and feedback

During the inspection the inspector met with three service users, the person in charge and three staff members.

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

- Service users' care records
- Risk assessments
- Reports of monthly quality monitoring visits
- Service user meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult protection matters
- Staff rota information
- Statement of Purpose
- Service User Guide

Questionnaires were provided during the inspection for completion by service users and /or relatives; no responses were returned to RQIA.

The inspector requested that a 'We missed you' card be displayed to provide details of the process for contacting RQIA if required; no responses were received.

At the request of the inspector, the person in charge was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 26 January 2018

The most recent inspection of the agency was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 26 January 2018

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The inspector reviewed processes in place within the agency to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the process used for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency's staff recruitment process is managed by the Business Support Organisation (BSO); the inspector identified that information is forwarded to the manager prior to a staff member commencing employment confirming that all required checks have been completed. The person in charge provided assurance that staff are not provided for work until confirmation of pre-employment checks has been received.

Discussions with the person in charge identified that the agency is currently developing a process to ensure that a statement by the registered provider or the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13 (d) Schedule 3 is in place.

The person in charge could describe the induction programme provided to staff; it was noted that it was in excess of the three day timescale as required within the domiciliary care agencies regulations. Staff are required to complete initial induction and to shadow other staff employed by the agency. The inspector noted that staff are required to complete corporate induction as an E learning module and complete an induction workbook.

The inspector viewed records of staff induction for two new staff who had been appointed since the previous inspection. Staff could describe the details of the induction provided which was noted to include shadowing other staff employed by the agency during their induction programme. Discussions with staff indicated that they had the knowledge and skills to fulfil the requirements of their roles.

The person in charge stated that due to the needs of the service users, staff provided at short notice are required to be familiar with the service users and have had a full induction. It was identified that a number of the agency's current staff and HSCT bank staff provide additional cover if required to encourage continuity of the service.

Discussions with the person in charge and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the needs of the service users.

The inspector viewed the agency's staff rota information which was noted to reflect staffing levels as described by person in charge and staff. The agency maintains an alphabetical list of staff and service users and a list of staff signatures.

The agency retains details of all staff employed and information relating to their registration status and expiry dates with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC) as appropriate. The person in charge stated that the registration status of all staff is monitored monthly by the manager; they provided assurances that staff are not supplied for work if they are not appropriately registered. In addition registration status is discussed with individual staff at their supervision and appraisal meetings. Records viewed by the inspector indicated that staff were registered appropriately.

The agency's supervision and appraisal policies outline the timescales and procedures to be followed. It was identified that staff receive quarterly supervision and annual appraisal; a record of supervision and appraisal are maintained. Records viewed for four staff indicated that they had received supervision and appraisal in accordance with the agency's policies. The inspector noted from records viewed that a number of standard items including NISCC registration are discussed at the supervision meetings. It was identified that individual training and development plans are completed annual as part of the appraisal process.

The agency has a system for recording staff training; it was positive to note that the information was recorded in a clear, well organised manner. Staff could describe the process for identifying training needs and for ensuring that training updates are completed. Staff are required to complete required mandatory training in a number of areas and a range of training specific to the individual needs of service users.

The inspector viewed that the agency's staff training information; it indicated that the majority of staff had completed relevant mandatory training. It was identified that outstanding training updates required to be completed by staff had been booked. Staff indicated that their training was good and that it had equipped them with the required knowledge and skills for their job roles.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC).

Staff who spoke to the inspector demonstrated that they had a good understanding of the process for reporting adult protection concerns. Staff are required to complete adult protection training during their induction and in addition two yearly thereafter. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding adults.

Service users had been provided with information in relation to adult protection; those who spoke to the inspector could describe what to do if they had concerns in relation to their safety or the care and support they receive.

Records viewed and discussion with staff indicated that the agency has a process for recording and retaining details of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that referrals made by the agency had been managed in accordance with their policy and procedures.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. It was noted that staff have received training in record keeping and care planning.

The person in charge stated that service users are supported to participate in a review involving their HSCT community keyworker at least annually and that care plans are reviewed on an annual basis or as required. It was noted that a number of Best Interest meetings had been facilitated in relation to practice that may be deemed restrictive; it was noted that this process had involved the use of an independent advocate.

Care records viewed were noted to be retained in an organised and secure manner. The inspector viewed a range of risk assessments in place relating to individual service users. The agency has risk assessments in place for practices deemed to be restrictive.

The agency's office accommodation is located in the home of a number of the service users and accessed from a shared entrance. The office is suitable for the operation of the agency as described in the Statement of Purpose; it was noted that records were stored securely and that computers were password protected.

## **Comments received during inspection process.**

### **Service users' comments**

- 'I am happy living here; I am going to the gateway tonight.'
- 'It is my birthday; staff are getting a cake.'
- 'I have no concerns; staff are good.'

### **Staff comments**

- 'I am happy here; worried about changes in the shift pattern.'

- ‘I feel supported; the seniors are approachable.’
- ‘I feel service users are safe.’
- ‘I love working here.’
- ‘Supervision and appraisal are good.’
- ‘Training is good.’

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

The agency’s arrangements for responding to, assessing and meeting the needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency’s data protection policy outlines the processes for the creation, storage, retention and disposal of records. Staff had received training relating to record keeping. Records viewed during the inspection were noted to be retained securely and presented in an organised manner.

Staff describe how they support all service users regardless of their needs or abilities to be effectively engaged in care planning and review processes.

The agency has processes in place for monitoring, auditing and reviewing the effectiveness and quality of care delivered to service users. The organisation has a system for the completion of monthly quality monitoring visits by the organisation’s quality monitoring officer; a monthly report is developed.

The inspector viewed the agency’s reports relating to the monthly quality monitoring visits completed by the organisation’s quality monitoring officer. Records viewed indicated that the process is effective in supporting the agency to identify areas for improvement; it was noted that an action plan is developed. The reports were noted to include a number of comments made by staff, service users, their relatives, and on occasions HSCT representatives. They included details of the review of the previous action plan, review of complaints, accidents, incidents and safeguarding referrals; staffing arrangements, care records and practices deemed to be restrictive.

**Comments recorded on quality monitoring reports**

**Service users’ comments**

- 'I like living here; it's good. I like the staff.'
- 'Everything is alright.'

### **Relative's comments**

- 'I am very happy with everything in Teach Sona.'
- 'I could not complain.'
- 'Staff are great, XXXX knows what she likes and doesn't like so would say if she was unhappy. The staff couldn't be better, when XXXX comes out to visit she is always happy to go home to Teach Sona.'
- 'Everyone was more than good and attentive to XXXX, when she was unwell and getting treatment.'
- 'Happy with care, they are good to him.'

### **Staff comments**

- 'I have worked here three years, the staff team is good. I like working here.'

The inspection reviewed the agency's systems to promote effective communication between service users, staff and relevant stakeholders. Feedback from service users and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate respectfully, effectively and appropriately with service users and in a compassionate manner.

The agency's Service User Handbook includes details of advocacy services that service users can access if required. It was positive to note that the services of an independent advocate had been accessed in relation to a practice deemed to be restrictive.

Staff could describe a range of methods used to develop and maintain effective working relationships were appropriate with community HSCT representatives and service user's relatives.

Service users stated that staff support them to be as independent as possible and to participate in a range of activities of their choice. It was noted from discussions with staff and service users and records viewed that appropriate support is provided to meet the individual assessed needs of each service user. Service users' have an allocated key worker whom they meet with regularly to review their care and support plan.

It was noted that service users meetings take place weekly; service users stated that they are supported to discuss any concerns and to plan for the week ahead. Minutes of meetings viewed were noted to include details of the views, choices and decisions made by service users.

Staff meetings are normally facilitated monthly; it was noted from minutes viewed that a comprehensive account is retained of matters discussed.

### **Comments received during inspection process.**

#### **Service users' comments**

- 'Staff help us.'

## Staff comments

- ‘Service users are supported in the community.’
- ‘The service users’ needs are met.’

## Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s auditing arrangements and the effective communication and engagement with service users and other relevant key stakeholders.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspector assessed the agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to the care and support they receive.

It was noted that staff receive training in relation to human rights and confidentiality during their induction programme. Discussions with staff and service users, and observations made during the inspection indicated that the promotion of values such as dignity, respect and choice were embedded in the ethos of the agency and in the way staff provide care and support.

Observations made during the inspection provided evidence that staff supported service user to complete tasks within the home such as laundry, preparing food and planning their day. The inspector observed staff supporting service users to access activities and services within the local community.

It was positive to note that the agency has provided service users with information relating to human rights, advocacy and personal safety in an alternative format.

Individual service user care records viewed by the inspector contained information relating to the individual needs, choices and preferences of the service users and risk assessments for any practices deemed to be restrictive.

Staff could describe the methods used for ensuring that the care and support is provided in a person centred manner; they discussed a range of methods used for effectively support service users in making informed choices. Service users could describe how staff support them to be involved in discussions relating to their care and daily routines; they stated that staff are helpful, caring and support them to attend activities of their choice.

A range of key information is produced by the agency in an alternative format to support service users in having a clear understanding of the information being provided; the inspector viewed a number of these documents during the inspection. Staff could describe how these documents have assisted them to support service users to be effectively engaged in decisions about their care.

The inspector discussed arrangements relating to the equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of individual service users in a safe, effective and compassionate manner. It was noted that staff are required to complete equality training as part of their mandatory training programme. Staff stated that training received had equipped them with knowledge and skills to engage with a diverse range of service users.

Discussions with the service users, staff and the person in charge provided evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user engagement and choice
- Adult Protection processes
- Equity of care and support
- Provision of care in an individualised manner.

Processes for effectively engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process, quality monitoring process, one to one keyworker meetings, care review meetings and service user meetings.

Records viewed and discussions with staff indicated that the agency has systems in place to record comments made by service users and where appropriate their representatives. Records of service user meetings and reports of quality monitoring visits indicated engagement with service users and where appropriate relevant stakeholders.

The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

## **Comments received during inspection process.**

### **Service users' comments**

- 'We can do what we want.'
- 'I am really happy.'
- 'XXXX is good.'
- 'I enjoy going to work.'

### **Staff comments**

- 'Service users are well looked after.'

## Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and the effective, ongoing engagement with service users and other relevant stakeholders. Service users stated that they are supported to live as independently as possible.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector reviewed the agency's management and governance systems in place to meet the needs of service users. The agency is managed on a day to day basis by the deputy manager and senior support workers under the direction of the registered manager. Staff could describe the procedure for obtaining support and guidance at all times including out of hours arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained electronically and a number of key policies are retained in a paper format in the agency office. It was noted from policies viewed during the inspection that the agency's recruitment and whistleblowing policies were required to be reviewed in accordance with timescales as outlined within the minimum standards. However, following the inspection the registered manager provided updated copies of the policies.

The agency has systems in place for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Systems include the provision of policies, monitoring of staffing arrangements, complaints, accidents, practices deemed to be restrictive, adult safeguarding referrals and incidents notifiable to RQIA.

Discussions with the person in charge, staff and records viewed indicated that the agency's governance arrangements promote the identification and management of risk. There was evidence of ongoing collaborative working relationships with relevant stakeholders in relation to a range of matters.

The agency's complaints policy outlines the procedure for effectively managing complaints. Staff who spoke to the inspector had a good understanding of the actions required to be taken in the event of a complaint being received. Staff stated that they had received complaints awareness information during their induction programme. Service users knew how to raise concerns and could describe the process for accessing help from staff at any time.

The agency has a proforma for recording complaints received and actions taken. Records viewed and discussions with the person in charge indicated that the agency had received no complaints since the previous inspection. It was identified that complaints are audited on a monthly basis as part of the agency's quality monitoring process.

Records viewed and discussions with the person in charge indicated that the agency has in place management and governance systems to monitor and encourage improvements in the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints and obtaining views of service users and relevant stakeholders. During the inspection the inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal.

The agency maintains records of all accidents and incidents including those reportable to RQIA; records viewed were noted to include details of the incident and the actions taken. It was noted that details of all incidents are forwarded to the HSCT risk management department. In addition incidents are reviewed as part of the agency's monthly quality monitoring process.

The organisational and management structure of the agency is outlined in the agency's Statement of Purpose; it details lines of accountability. Staff had a clear understanding of the responsibilities of their job roles; they indicated that managers are approachable and could describe the procedure for obtaining support and guidance. There was evidence of effective and ongoing collaborative working with relevant stakeholders such as Speech and Language Therapists, Care Managers and Psychiatrists.

Staff who spoke to the inspector could clearly describe their responsibility in raising concerns and indicated that they had knowledge of the agency's whistleblowing policy.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided. The agency's Statement of Purpose and Service User Guide had been reviewed and updated.

## **Comments received during inspection.**

### **Staff comments**

- 'I have no issues or concerns.'

### **Areas of good practice**

There were examples of good practice identified in relation to the agency's governance arrangements including the quality monitoring process and the management of complaints and incidents.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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