

Unannounced Care Inspection Report 14 November 2016



Teach Sona

Type of service: Domiciliary Care Agency
Address: 5 Mullanstown, Mullaghbawn BT35 9EX
Tel no: 02830888866
Inspector: Joanne Faulkner

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Teach Sona took place on 14 November 2016 from 10.30 to 16.00.

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?

Delivery of safe care was evident on inspection. There are recruitment systems in place and the agency ensures there is at all times an appropriate number of suitably skilled and experienced staff to meet the assessed needs of service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and on occasions collaborative working with other Health and Social Care Trust (HSCT) representatives. There are systems in place to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. Service users indicated that they felt care provided to them was safe. No areas for quality improvement were identified during this inspection.

Is care effective?

Delivery of effective care was evident on inspection. The agency responds appropriately to meet the individual needs of service users through the development and ongoing review of individualised care plans. The agency has implemented systems for review and monitoring of quality, providing ongoing assurance of continuous improvement of services in conjunction with service users and where appropriate, their representatives. There are systems in place to promote effective communication with service users and stakeholders. No areas for quality improvement were identified during this inspection.

Is care compassionate?

Delivery of compassionate care was evident on inspection. The inspector found that an ethos of dignity and respect and independence was embedded throughout staff attitudes and the provision of individualised care and support. From observations made and discussion with staff and service users it was noted that agency staff value and respect the views of service users. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a more fulfilling life. No areas for quality improvement were identified during this inspection.

Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. There are management and governance systems in place to meet the individual assessed needs of service users. Agency staff have an understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. No areas for quality improvement were identified during this inspection.

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

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Tracey Welch, Acting Manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 16 August 2015.

2.0 Service details

Registered organisation/registered person: Southern HSC Trust/Francis Rice	Registered manager: Tracey Welch (Acting)
Person in charge of the service at the time of inspection: John Rodgers	Date manager registered: Tracey Welch - application received - "registration pending".

3.0 Methods/processes

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

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

Prior to inspection the following records were analysed:

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

The following records were viewed during the inspection:

- Service users' care records
- Assessments of needs and risk assessments
- Monthly quality monitoring reports
- Minutes of service user meetings
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Training and Development Policy
- Recruitment Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Disciplinary Policy
- Whistleblowing Policy
- Data Protection Policy
- Complaints Procedure
- Statement of Purpose
- Service User Guide

During the inspection the inspector met with six service users, the acting manager and six staff members.

Questionnaires were distributed by the inspector for completion by staff and service users during the inspection; one staff questionnaire was returned to RQIA.

Feedback received by the inspector during the course of the inspection and from the returned questionnaire is reflected throughout this report.

4.0 The inspection

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 who share the house where the agency's office is located and a number individual dwellings within the immediate neighbourhood. The Southern Health & Social Care Trust employs the staff provided to deliver 24 hour care and support to the 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. The agency seeks to enable people to achieve autonomy and choice in the support they receive and the lives they pursue.

The inspector would like to thank the service users and staff for their co-operation and support during the inspection process.

4.1 Review of requirements and recommendations from the last care inspection dated 16 August 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 14 (b)</p> <p>Stated: Third time</p>	<p>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>(b) so as to safeguard service users against abuse or neglect;</p> <p>The registered person should forward to RQIA details of any reimbursements made to service users in respect of the utility costs associated with the agency's registered office.</p> <p>Action taken as confirmed during the inspection: The inspector noted that service users had received reimbursement in May 2015.</p>	Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p>	<p>Managers and supervisory staff are trained in supervision and performance appraisal.</p> <p>Action taken as confirmed during the inspection: The inspector noted from records viewed that staff had received appraisal training; following the inspection the agency provided evidence of planned supervision training dates for supervisory staff.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p>	<p>Staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>Action taken as confirmed during the inspection: The inspector viewed records relating to staff supervision.</p>	Met

Recommendation 3 Ref: Standard 8.11 Stated: First time	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' representatives. This recommendation relates to the registered person ensuring that the monthly quality monitoring record maintain clearly the views of relevant professionals.	Met
	Action taken as confirmed during the inspection: The inspector identified from documentation viewed that the monthly quality monitoring records maintained clearly denote the views of relevant professionals.	

4.2 Is care safe?

During the inspection the inspector reviewed the staffing arrangements currently in place within the agency.

It was identified that staff recruitment is processed by the human resources department in conjunction with Business Services Organisation (BSO); the person in charge stated that details of the checks completed are retained by the human resources department. The manager confirmed that the pre-employment information is available for review at any time. The person in charge could describe the process for ensuring that staff are not eligible for work until all necessary checks have been completed.

The inspector noted from records viewed and discussion with staff that staff are required to complete mandatory training and corporate induction lasting at least three days which is in accordance with the regulations. It was identified that staff are provided with a Staff Handbook which includes details of the code of practice issued by the Northern Ireland Social Care Council (NISCC). The agency maintains a record of the induction programme provided to staff.

The person in charge stated that when required relief staff are accessed from the HSCT bank list and are required to complete the induction provided to permanent staff; they stated that staff are not accessed from another domiciliary care agency. Staff who met with the inspector could describe the benefits of endeavouring to provide continuity of staff.

Discussions with the manager, staff and service users indicated that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The agency's staff rota information reflected staffing levels as described by the person in charge and staff.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. It was noted that the agency maintains a record of staff supervision and appraisal; records viewed indicated that staff are provided with supervision and appraisal in accordance

with the agency's policies and procedures. Staff who spoke to the inspector indicated that supervision and appraisal meetings were beneficial.

The agency has a process for maintaining a record of staff training; it was noted that staff are required to complete mandatory training and in addition training specific to the needs of individual service users. Training records viewed indicated that staff had completed appropriate training. Staff describe the process for identifying individual training and development needs.

Observations made and discussion with staff during the inspection indicated that staff had the knowledge, skills and experience to carry out their roles. Staff outlined the content of their induction programme which was noted to include shadowing other staff members, meeting service users and becoming familiar with their care needs.

The inspector examined the agency's provision for the welfare, care and protection of service users. It was identified that the agency has in place a policy relating to the safeguarding of vulnerable adults. The manager could describe the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation is currently in the process of reviewing their policy and procedures to reflect information contained within the guidance.

The inspector reviewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the person in charge and the manager it was identified that the agency has made appropriated referrals to the HSC Trust safeguarding team in relation to alleged or actual incidences of abuse; records viewed indicated that the agency had acted in accordance with their procedures.

The inspector noted that staff are provided with training in relation to safeguarding vulnerable adults during their induction and in addition are required to complete an update every two years. The inspector noted that training in relation to safeguarding vulnerable adults for one staff member was outstanding however the acting manager could provide details of training dates planned. Discussions with staff during the inspection indicated that they had an understanding of safeguarding issues and could describe the process for highlighting and raising concerns. Staff had knowledge of the agency's whistleblowing policy.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Service users stated that they are encouraged to be involved in the completion of their individual risk assessments and care plans. It was noted from records viewed and discussions with staff that risk assessments and care plans are reviewed annually and that service users have an annual review which may include their HSC Trust representative. The inspector noted that monthly governance arrangements in place include an audit of risk assessments and any practices deemed to be restrictive.

The agency's registered premises are located within the home of a number of service users; the premises are suitable for the operation of the agency as described in the Statement of Purpose.

Service user comments

- 'We all love it here.'
- 'Staff are good.'
- 'I am very happy; I moved to be nearer my family.'

- ‘Staff look after us and keep us safe.’

Staff comments

- ‘I love it here.’
- ‘We are part of a team.’
- ‘We get supervision and appraisal.’

Areas for improvement

No areas for improvement were identified during the inspection.

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

The agency’s arrangements for appropriately responding to and meeting the assessed 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 details the procedures for the creation, storage, retention and disposal of records. It was identified from records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

Service users indicated that they are involved in the development of their care and support plans and are requested to provide comments on the quality of the services being provided. One service user stated that they had previously spoken to senior managers in relation to the quality of the service. It was noted that risk assessments and care plans are reviewed annually and that staff record daily the care and support provided.

Discussions with staff and a review of records indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users.

The inspector noted that monthly quality monitoring visits are completed by the SHSCT monitoring officer and an action plan developed. It was identified from records viewed that the views of service users, their relatives and where appropriate relevant professionals had been reflected. The records detail the outcome of the review of accidents, incidents or safeguarding concerns and in addition audits of staffing, documentation and financial management arrangements are completed.

The agency facilitates weekly tenants’ meetings; service users indicated that they are encouraged to attend and provided with the opportunity to express their views and opinions. Records of tenants’ meeting viewed were noted to clearly record the choices made by service users. One service user could describe to the inspector the support received from an independent advocate.

The agency’s systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and staff, and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users could describe the process for reporting issues or complaints and stated that they can speak to staff at any time. During the

inspection the inspector observed a number of service users regularly visiting the agency's office to speak to staff.

The person in charge and the acting manager could describe ways in which the agency seeks to maintain effective working relationships with the other HSC Trust representatives and stakeholders.

Service users' comments

- 'I talk to my keyworker if I am worried.'
- 'Staff help us with everything.'
- 'I have all my Christmas shopping done; the staff helped me.'
- 'If I wasn't happy I would soon tell them.'

Staff comments

- 'Tenants are given choice.'
- 'Supervision is worthwhile.'
- 'Service users are involved in care planning and all decisions made about them.'

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?

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care, support and life choices.

Observations of staff interaction with service users and discussions with service users and staff during the inspection indicated that the promotion of values such as dignity, choice and respect were embedded in the culture and ethos of the organisation. Staff could describe a range of positive risk taking activities that they support service users to undertake to enable them to live a more fulfilling life.

The inspector noted from discussion with staff and service users and observations made during the inspection that care is provided in a person centred manner. Care plans viewed were noted to be specific to the needs of individual service users; service users stated that they are involved in making decisions regarding their care. Records of service user meetings reflected the involvement of service users. The inspector noted that the agency has provided a wide range of documentation in an easy read format.

It was noted that the views of service users and/or their representatives were recorded throughout a range of agency documentation. Systems to record and respond to the comments and views of service users and their representatives are maintained through the complaints and compliments processes; monthly quality monitoring visits; annual review meetings; stakeholder and service users' satisfaction surveys, keyworker meetings and tenants' meetings. The

inspector noted that the agency has in place a system to enable them to evaluate the quality of the service provided.

Observations made during the inspection indicated that service users are supported to make choices regarding their daily routine and activities; service users stated that they are encouraged to make choices about all aspects of their care and that staff treat them with respect. Records viewed and discussions with staff and service users indicated that service users are involved in making decisions on a wide range of matters such as care needs, activities and shared facilities.

Service users' comments

- 'I am great; I like it here.'
- 'I work in the chippy.'
- 'I am still enjoying it here.'
- 'I am very happy with everything.'

Staff comments

- 'Service users can voice their opinions.'
- 'We support service users individually and as a group.'
- 'We have weekly tenants meetings.'

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 reviewed management and governance systems in place within the agency to meet the needs of service users. The agency has in place a range of policies and procedures which staff can access electronically; in addition a number of the policies are available in paper format stored within the agency's office. The inspector viewed a number of the agency's policies and noted that they had been reviewed and updated in accordance with timescales details within the minimum standards.

Discussions with the person in charge and records viewed indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of relevant policies and procedures, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure in handling complaints; records viewed and discussions with staff indicated that they have a clear understanding of the actions to be taken following the receipt of a complaint. It was noted that service users are provide with a copy of the complaints procedure in an easy read format.

The agency has in place management and governance systems to drive quality improvement; this includes arrangements for monitoring incidents and complaints. During the inspection the

inspector viewed evidence of staff induction, training, supervision and appraisal. Staff could describe the importance of identifying ways for improving the quality of the service provided to services users with the aim of promoting positive outcomes for service users.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff could describe the details of their individual roles and responsibilities and indicated that they are provided with a job description at the commencement of employment. Service users were aware of staff roles and knew who to talk to if they had a concern.

The agency's Statement of Purpose and Service User Guide have been reviewed updated to reflect the details of the Responsible Person.

Staff could describe the process for obtaining guidance and support and stated that the manager and senior staff are approachable.

Service user comments

- 'The managers are good.'

Staff comments

- 'I feel supported in my job.'

Areas for improvement

No areas for improvement were identified during the inspection.

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

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

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews