



The Regulation and
Quality Improvement
Authority

Teach Sona
RQIA ID: 10943
5 Mullanstown
Mullaghbawn
BT35 9EX

Inspector: Lorraine O'Donnell
Inspection ID: IN023310

Tel: 02830888866
Email: tracey.welch@southerntrust.hscni.net

**Unannounced Care Inspection
of
Teach Sona**

18 August 2015

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

1. Summary of Inspection

An unannounced care inspection took place on 18 August 2015 from 09.45 to 16.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

The details of the QIP within this report were discussed with the Marian Mc Guigan, assistant manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Southern HSC Trust/ Paula Clarke	Registered Manager: Tracey Welch
Person in Charge of the Agency at the Time of Inspection: Marian Mc Guigan	Date Manager Registered: 1 July 2015
Number of Service Users in Receipt of a Service on the Day of Inspection: 8	

Teach Sona is situated in Mullaghbawn and is a supported living type domiciliary care agency which offers eight service users care and support to enable them to live within their own home. The service users are consulted and involved in all decisions associated with their support. They are supported to develop independent living skills and to be involved in the local community.

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

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 standards and themes have been met:

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

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

4. Methods/Process

Prior to inspection the following records were analysed:

- The report of the previous inspection and the quality improvement plan
- Notifiable events forms submitted by the agency since the previous inspection

During the inspection the inspector met with four service users and with two care staff. The assistant manager was present for the inspection visit.

The inspector distributed questionnaires to staff and service users during the inspection and eight of these were returned to RQIA by service users and five by agency staff. During the inspection, agency staff were asked to compile and forward a list of professionals and other service user representatives who would be agreeable to being contacted by RQIA for the purposes of obtaining their views on the quality of service provision.

The completed staff questionnaires indicated the following:

- Service users' views are taken into account in the way the service is delivered.
- Staff are satisfied that the care is delivered in a person centred manner.
- Staff are satisfied that they are familiar with service users' care needs.
- Staff are satisfied that the agency's induction process prepared them for their role.
- Staff are satisfied that arrangements for service user involvement are effective.

Comments included:

- "I believe the staff at Teach Sona give the best possible care."
- "Staff endeavour to put tenants first, whilst remembering that this is their home."

However, three of the five questionnaires returned by staff indicated they were unsatisfied with the level of senior support staff currently in the service and one member of staff indicated they anticipated a reduction of available support staff. These concerns were raised with the registered manager following the inspection. The registered manager informed the inspector that she was unaware of these concerns and she would discuss these concerns with staff. During the inspection the inspector viewed staff rotas which indicated the agency had maintained the minimum staffing levels for the service as described by the assistant manager.

Service user questionnaires completed by the eight service users indicated the following:

- Service users are satisfied with the care and support they receive.
- Service users are satisfied that they are consulted in relation to the quality of the service.
- Service users feel safe and staff respond to their needs.

Comments included:

- "Staff are very kind."
- "I am very happy."

The inspector contacted one HSC Trust professional following the inspection visit. They informed the inspector they were introduced to the service user by their key worker, who worked closely with them to facilitate the development of skills to enhance the service user's independence. The HSC Trust professional informed the inspector they had found the staff very helpful and professional at all times.

The following records were examined during the inspection:

- Recruitment policy and procedures
- Alphabetical index of staff
- Induction records
- Minutes of tenants meetings
- Staff training records
- Care records
- Whistleblowing policy
- Staff training records
- Supervision and appraisal policies
- Three care records
- Record of complaints

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 22 January 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>Requirement 1</p> <p>Ref: Regulation 14 (b) & (d)</p>	<p>The registered person must ensure that the service user guide and the agency's policies and procedures confirm the agency's contribution towards utility costs for the office accommodation located in the service user's home. Service users must be reimbursed monies owed in respect of food eaten by staff purchased by service users prior to 11 July 2013, and the proportion of the utility bills used by the office.</p> <p>Action taken as confirmed during the inspection: The service users who participated in the inspection confirmed they had been reimbursed for the staff food costs.</p> <p>However, the inspector confirmed during discussion with staff and service users that the service users had not been reimbursed monies owed in respect of utility bills to reflect the proportion of the utility bills used by the office. The inspector was informed there are ongoing discussions with the HSC Trust in relation to monies owed to service users in respect of the utility costs.</p>	<p>Not Met</p>
<p>Requirement 2</p> <p>Ref: Regulation 14.(e)</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>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them; and</p> <p>This requirement relates to the registered person ensuring that the agency reviews the practice of routinely monitoring and recording service users' weight monthly; to identify those service users who require regular weight monitoring.</p> <p>Action taken as confirmed during the inspection: The inspector was informed by staff this practice has now ceased. The three service users' records viewed by the inspector did not contain evidence of service users' weight being recorded.</p>	<p>Met</p>

<p>Requirement 3</p> <p>Ref: Regulation 16.-(2)(a)</p>	<p>The registered person shall ensure that each employee of the agency-</p> <p>(a) receives training and appraisal which are appropriate to the work he is to perform;</p> <p>This requirement relates to the registered person ensuring that outstanding training is provided.</p> <p>Action taken as confirmed during the inspection: The inspector viewed the training records and confirmed training had been completed for staff in accordance with RQIA guidance on mandatory training.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 14.(a)(b)</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>(a) so as to ensure the safety and well-being of service users:</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>This requirement relates to the registered person ensuring that the agency has in place risk assessments relating to any restrictive practice and that documentation reflects that services users and relevant representatives have been consulted in relation to any agreed restrictions, and that consideration has been made for the impact of such restrictions on other service users.</p> <p>This requirement relates to the locking of the pantry door in the main house.</p> <p>Action taken as confirmed during the inspection: The inspector was informed by agency staff and service users that the pantry is no longer locked. The assistant manager informed the inspector this was as a result of risk assessments and recommendations from the HSC Trust. Additional staff training and increased awareness has also contributed to the decision to remove this restrictive practice.</p>	<p>Met</p>

<p>Requirement 5</p> <p>Ref: Regulation 5.-(1) Schedule 1</p>	<p>The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as “the statement of purpose”) which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>This requirement relates to the registered person ensuring that the statement of purpose is updated to include appropriate information relating to restrictive practice.</p> <p>Action taken as confirmed during the inspection: The inspector viewed the statement of purpose and confirmed it had been updated to include information in relation to restrictive practice.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 23.-(1)(5)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained clearly records the identity of the service user representatives consulted with.</p> <p>Action taken as confirmed during the inspection: The inspector viewed the monthly quality monitoring records for May, June and July 2015 and found the records did contain the views of the service users’ representatives.</p>	<p>Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 14.(c)</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>(c) so as to promote the independence of service users:</p> <p>This requirement relates to the registered person ensuring that service users are provided with the support required to access appropriate holiday arrangements.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The inspector confirmed service users had access to support to facilitate them going on holiday. The service users who participated in the inspection informed the inspector they had been on holiday to Belfast and Galway recently.</p>	
--	--	--

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

Is Care Safe?

The agency's Recruitment and Selection Policy was examined. The policy refers to a range of employment checks including references, verification of qualifications/professional registration and disclosure sought through Access NI.

The agency maintains an alphabetical list of staff supplied or available for supply to work in the homes of service users and this was available for inspection and was up to date.

The inspector was advised that staff are not supplied to work with service users at short notice and that all staff supplied are Teach Sona employees. All of the staff supplied to work with service users has a copy of their photographic identification documents maintained at the agency premises. The staff who participated in the inspection informed the inspector if the agency required staff a short notice confirmation of their identity would be forwarded to the agency and their performance would be recorded and reported to the registered manager following their shift.

The induction information included an induction checklist which outlined the areas to be covered on the first day and during the first week. A member of staff who contributed to the inspection advised the inspector that the induction programme had been very thorough and prepared them for their role. The induction programme includes a tour of the accommodation, outline of supported living, operational procedures, referral process, outline of the service users and supervision and appraisal information.

The inspector examined the induction records of the two staff members and these had been signed by the staff member and their line manager. The induction records provided evidence of a structured induction period and the identification of training needs.

The agency's staff supervision and appraisal arrangements were discussed with agency staff who reported they did not receive regular one to one supervision. The agency policy states that supervision should normally happen every 8 weeks. Appraisal is also covered in the policy and each employee is to receive appraisal every 12 months. The appraisal records of three staff were examined by the inspector and these records indicated staff received annual appraisals. The inspector was informed by the assistant manager that staff are required to receive supervision a minimum of once every three months. The inspector viewed the records for three staff members indicating how frequently they had received supervision. These records indicated the staff had not received supervision in accordance with the policy or every three months as stated by the agency staff. The inspector was unable to confirm the

managers and staff involved in supervision and appraisal had been trained in supervision and performance appraisal.

The inspector viewed the templates used during staff supervision sessions and these referenced KSF elements, evaluation of training attended and any issues relating to concerns about poor practice/whistleblowing.

A recommendation has been made with regards the frequency of staff supervision and another recommendation has been made with regards training in supervision and performance appraisal for those staff responsible for conducting supervision/appraisal.

Is Care Effective?

The staffing levels in the service were discussed with service users and agency staff who advised the inspector that there is always enough staff on duty to meet the needs of service users.

The agency's staff duty rotas were examined and reflected the staffing described by service users and staff i.e. three staff are supplied during the day time and a member of staff is available to respond to the needs of service users at night (on sleep in). Staffing levels are higher on days when service users require individual support to attend hospital appointments.

The eight service users who returned a questionnaire indicated that they were satisfied that staffing levels are appropriate.

However three of the five members of staff who returned a questionnaire indicated that they were not always satisfied with staffing levels. Two indicated there was a lack of senior support staff and one member of staff believed there was going to be a significant shortage of support staff. These comments were discussed with the registered manager following the inspection, the registered manager informed the inspector she would investigate this matter and discuss with staff.

The HSC Trust professional who contributed to the inspection described agency staff as helpful and approachable. They also commented on the ability of agency staff to effectively meet the needs of service users and to appropriately refer to the HSC Trust any changes in circumstances.

Agency records confirmed that staff receive a structured induction lasting at least three days and the inspector was advised that agency does not use staff supplied by other agencies to address staff shortfalls; these shifts are covered by Teach Sona staff.

The inspector was advised that the effectiveness of the induction training is evaluated throughout the induction period and during supervision. The agency's induction records contained evidence of the assessment of competency and understanding of key induction areas including adult safeguarding and health and safety.

The agency's Whistleblowing policy was discussed with staff who described their awareness of the policy and of the role of RQIA in raising concerns about poor practice.

The agency's training records were examined and provided evidence of training provided in the mandatory areas in accordance with the frequency outlined in RQIA's "Guidance on Mandatory Training for Providers of Care in Regulated Services."

Is Care Compassionate?

Staffing arrangements were discussed with service users who confirmed that they are made aware of any staffing changes and that they know in advance who is going to be supplied to work with them.

Specific comments made by service users in relation to staffing were noted in the monthly quality monitoring reports and these reflected good working relationships between agency staff and service users.

The agency maintains records of tenants' meetings held weekly and these included evidence of service user engagement and of policies being shared with service users. Holidays and day trips were also noted to have been discussed in detail and the views of service users noted.

Areas for Improvement

There were two areas for improvement noted in relation to:

- Staff receiving supervision in accordance with agency policy
- Managers and staff being trained in supervision and performance appraisal

Number of Requirements:	0	Number of Recommendations:	2
--------------------------------	----------	-----------------------------------	----------

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

Is Care Safe?

The agency has care and support plans which include information from referral agents. The referral information seeks specific assessment information from the prospective service users. The information sought relates to the assessment of needs and risks from the service users' perspective.

All of the service users who returned a questionnaire to RQIA indicated that they are satisfied that their views and opinions are sought about the quality of the service and that staff respond appropriately to their needs. Overall, service users indicated that they were satisfied with the care and support received from agency staff.

Service users who met with the inspector advised that they each have a key worker and can approach any member of staff in relation to their care and support.

Service users' care records were examined and reflected a range of outcomes for service users including more independence and positive risk taking.

Is Care Effective?

Service users have regular meetings with their key workers and agency staff updates service users' records on a daily basis to reflect their progress and preferences with regard to their care and support plans.

The care records examined had been written in a person centred manner and reflected the preferences and choices of the service users. Human rights information has been included within the service users' care/support plans and the inspector was advised that staff reinforce this during key worker sessions.

The inspector was advised that service users are reviewed by the HSC Trust at least annually and that agency staff prepare a report for the review meeting and support the service users to contribute to the report and to their meeting. The agency staff who contributed to the inspection confirmed they contribute to the service users' reviews and that staff proactively seek the views of the Trust as appropriate. However, the inspector viewed three service users' records which indicated their reviews were due in June 2015. The agency staff informed the inspector they had been in touch with the HSC Trust to highlight this.

Is Care Compassionate?

Service users who met with the inspector confirmed that they had been fully involved in the development of their care and support plans and that staff are flexible and responsive to changing needs or preferences.

The inspector observed agency staff interacting with service users in a friendly and supportive manner and staff who participated in the inspection demonstrated their knowledge of the service user's needs and preferences.

Areas for Improvement

N/A

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.3 Additional Areas Examined

Complaints

- 5.4** The agency returned to RQIA a summary of all complaints received between 1 January 2014 and 31 March 2015. The agency had received one complaint from a service user during this period. The records of this complaint were examined and reflected the actions taken on receipt of the complaint and the outcome of the complaint. The service user's satisfaction with the outcome was noted.

5.5 Monthly Monitoring

The inspector viewed the monthly monitoring reports for May, June and July 2015; these reports contained the views of service users and their representatives. However, the reports

for June and July 2015 did not include the views of professionals involved with service users; therefore, a recommendation has been made.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Marian Mc Guigan, assistant manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

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

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

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 14 (b)

Stated: Third time

To be Completed by:
18 December 2015

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-

(b) so as to safeguard service users' against abuse or neglect;

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.

Response by Registered Person(s) Detailing the Actions Taken:
Micael Crilly who was Acting Director of Mental Health and Disability Services had issued Kathy Fodey with a response to her letter (dated 9th June 2014), on 25TH June 2014 regarding reimbursement of utility costs for office accommodation located within service users homes. At present there has been no response from RQIA with regards to this matter. The Trust is unable to take any further action until a response is received

Recommendations

Recommendation 1

Ref: Standard 13.1

Stated: First time

To be Completed:
18 December 2015

Managers and supervisory staff are trained in supervision and performance appraisal.

Response by Registered Person(s) Detailing the Actions Taken:
Supervision training sessions for managers and senior support workers will be delivered on Wednesday 25th November and Monday 30th November. Performance appraisal training will be held before end of December 2015. During the staff meeting to be held on 24th November included on the agenda will be staff members role in performance appraisal and the processes involved.

Recommendation 2

Ref: Standard 13.3

Stated: First time

To be Completed by:
Immediate from the date of inspection.

Staff have recorded formal supervision meetings in accordance with the procedures.

Response by Registered Person(s) Detailing the Actions Taken:
Any outstanding supervision and personal development reviews of staff will be completed by the end of November. Staff will have four formal supervision sessions in the year one can be a group supervision, three must be one to one and should include ksf, additional sessions can be requested as and when.

<p>Recommendation 3</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p> <p>To be Completed by:</p> <p>Immediate from the date of the inspection</p>	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of service users' representatives.</p> <p>This recommendation relates to the registered person ensuring that the monthly quality monitoring record maintain clearly the views of relevant professionals.</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>In the future the Registered Providers/Monitoring Officer's Monthly Monitoring Quality reports will clearly record the views of relevant professionals.</p>		
<p>Registered Manager Completing QIP</p>	<p>Tracey Welch</p>	<p>Date Completed</p>	<p>06/11/15</p>
<p>Registered Person Approving QIP</p>	<p>Francis Rice</p>	<p>Date Approved</p>	<p>13/11/15</p>
<p>RQIA Inspector Assessing Response</p>	<p>Lorraine O'Donnell</p>	<p>Date Approved</p>	<p>24/11/15</p>

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