

Unannounced Care Inspection Report 30 May 2019



Peacehaven Care Services Limited

Type of Service: Domiciliary Domiciliary Care Agency

Address: 34 - 38 Newry Street, Rathfriland, BT34 5PY

Tel No: 02840638855

Inspector: Michele Kelly

www.rqia.org.uk

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

Peacehaven Care Services Ltd is a domiciliary care agency based in Rathfriland which provides a range of personal care, social support and sitting services to 64 people living in their own homes. Service users have a range of needs including physical disability, learning disability and mental health care needs. Their services are commissioned by the Southern Health and Social Care Trust and South Eastern Health and Social Care Trusts.

3.0 Service details

Organisation/Registered Provider: Peacehaven Care Services Ltd Responsible Individual Mary Helen O'Hanlon	Registered Manager: Mary Helen O'Hanlon
Person in charge at the time of inspection: Deputy Manager	Date manager registered: 22 June 2009

4.0 Inspection summary

An unannounced inspection took place on 30 May 2019 from 09.45 to 15.15.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

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

There were examples of good practice found throughout the inspection in relation to staff training and development. The care records were well maintained and there was evidence that the agency engaged well with the service users. There were many examples of good practice identified throughout the inspection in relation to the provision of compassionate care. One area for improvement refers to ensuring monthly monitoring reports are robust and are sent to RQIA on a monthly basis.

It was evident throughout the inspection that the agency promoted the service users' human rights; this was evident particularly in relation to the agency's service user guide which included the value they place on individuality, rights, independence, dignity, choice, privacy, respect and partnership. Staff spoken with were able to give examples of how they upheld these values.

Service users and their representatives indicated that they were happy with the care and support provided

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Mary O'Hanlon, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 31 July 2018.

No further actions were required to be taken following the most recent inspection on 31 July 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff responded within the timeframe for inclusion within this report.

Questionnaires were also provided for distribution to the service users and their representatives; no service users responded within the timeframe for inclusion within this report.

The inspector spoke with two service users, two staff members and three relatives. Comments received are included within the body of the 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 31 July 2018

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

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 31 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (12) (b) Stated: First time	The registered person shall ensure that the Regulation and Improvement Authority be notified of any incident reported to the police, not later than 24 hours after the registered person- <ul style="list-style-type: none"> (i) has reported the matter to the police;or (ii) is informed that the matter has been reported to the police Ref: 6.7	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Inspector confirmed that a file of incidents and reporting records is maintained by the agency. There had been no reportable incidents since the last inspection therefore action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 5.6 Stated: First time	The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Records viewed by the inspector on the day of inspection were in compliance with Standard 5.6.	
Area for improvement 2 Ref: Standard 10.3 Stated: First time	The registered person shall ensure records required under The HPSS(Quality, Improvement and Regulation) (NI)Order 2003 (Regulations) are available in the agency for inspection at all times Ref: 6.4	Met
	Action taken as confirmed during the inspection: All records requested by the inspector on the day of inspection were available and up to date.	

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 agency's systems in place to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the procedures for ensuring that required staff pre-employment checks are completed. Discussions with the deputy manager indicated that they had a clear understanding of the recruitment process and the need for robust systems to be in place. The manager stated that staff are not provided for work in the homes of service users until all required checks have been satisfactorily completed. It was identified that the agency retains details of all information relating to individual staff recruitment.

It was identified that the agency has a system in place to ensure that staff are registered appropriately with the relevant regulatory body. The agency retains details of the registration status and expiry dates of staff required to be registered with the Northern Ireland Social Care Council (NISCC). It was noted that staff are alerted when their registration is required to be renewed and not supplied for work if they are not appropriately registered. A review of the a sample of records confirmed that staff were registered with the Northern Ireland Social Care Council (NISCC) The inspector advised that staff expiry dates be added to a matrix which contains training , supervision and appraisal dates to ensure timely review of registrations. The deputy manager agreed to action this advice

Discussions with staff and records viewed indicated that the agency's induction programme is in line with the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are provided with an initial induction and in addition shadow other staff employed by the agency.

It was noted that members of the supervisory team shadow staff on a shift to assess competency. A record of staff supervision and appraisal is maintained. The records of three staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies.

Staff training records viewed for 2018/2019 confirmed care workers had completed the required mandatory update training programme. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the deputy manager holds this responsibility within the agency. Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The inspector was informed that there have been no potential safeguarding incidents referred for investigation since the last inspection. The staff spoken with had a clear understanding of their role and responsibility to identify and report actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the manager and deputy manager were advised to identify any potential challenges to this and to liaise with the relevant trusts, as appropriate.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety.

Care records and information relating to service users were stored securely and accessible by staff when needed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 appropriately responding to, assessing and meeting the needs of service users were reviewed during the inspection. The agency's Statement of Purpose and Service User Guide contain details of the nature and range of services provided and makes reference to the ethos of care provided to service users. The inspector noted that the service user guide states:

"It is our belief that human rights belong to everyone. Based on core values, fairness, respect, equality, dignity, and autonomy. Peacehaven believe that human rights are not an add on they are an inherent part of care."

The inspector reviewed three service users' care and support plans. The inspector was informed that care and support plans are reviewed by the agency at least annually. The manager informed the inspector that multi-disciplinary reviews with the HSC Trust are usually scheduled on a yearly basis or sooner if needed. The inspector examined documentation for both processes and the records were satisfactory.

Staff interviewed on the day of the inspection confirmed they were provided with details of care planned for each service user. Feedback received by the inspector from staff indicated that service users or their relatives have a genuine influence on the content of their care plans.

Service user care records viewed were noted to include referral information received from the relevant HSCT representative; they included risk assessments and care plans. The review of the individual service user care records identified that they were suitably detailed, person-centred and retained securely; they contained a range of assessments completed by the agency such as risk assessments, environmental assessments and a record of the care provided. The service users and relatives who spoke to the inspector on the telephone stated that they were supported to make choices in relation to the care they received and were involved in developing their care plan.

The manager could describe the processes used for supporting service users to be engaged in the care planning and review processes. The inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided.

Review of team meeting records indicated that team meetings took place regularly, the manager and staff who spoke to the inspector verified this. The staff who spoke with the inspector indicated that the team is supportive to each other and that staff communication is good.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users and relatives evidenced that staff communicate appropriately with them. The manager stated that a range of information is provided to service users and their relatives at the initial visit. Care plans included information about people's preferred communication needs if appropriate

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was identified that staff receive awareness training in relation to equality and confidentiality during their induction programme. The manager stated that human rights are discussed as part of the induction. Discussions with staff and records viewed indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care is provided. The agency has provided information to service users relating to advocacy and adult safeguarding. It was good to note that staff practice is observed regularly as part of the agency's supervision process.

The service users and relatives who spoke to the inspector stated that they have choices and that staff respect their views, wishes and choices. Service user care records viewed in the agency office were noted to contain information relating to the needs of service users and their individual choices and preferences. Staff could describe how they support service users to make decisions about the care and support they received.

Staff discussed the value of developing rapport with service users, and the need to be mindful of their individual wishes and preferences.

Staff spoken with commented:

- "They are totally well looked after, I wouldn't leave the house until everything is done."
- "It's about their wishes and what they want."

- “What happens in the house stays in the house.”

Relatives commented:

- “I am more than happy, they are a lovely bunch of people, respectful and good.”
- “More than happy they couldn’t be any better or kinder, they are a good lot.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 agency is managed on a day to day basis by the manager, with the support of the deputy manager and a team of care staff. On the day of inspection the deputy manager was in charge but the manager visited the service to speak with the inspector. It was identified that the agency has effective systems of management. On call arrangements were in place and all staff spoken with raised no concerns in relation to the responsiveness of the management team. Staff who spoke to the inspector confirmed that there had good working relationships with the management team and office administrative staff.

The inspector discussed the monitoring arrangements under regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A review of records confirmed that the monthly quality monitoring visit reports are completed by the manager who is also the responsible person. Monthly quality monitoring visit reports were available to be examined since the last inspection. The inspector highlighted that reports need to be more detailed in relation to the audit of files and additional areas such as training and actions for improvement should be explicit to ensure a comprehensive review of all records over a period of time. An area for improvement has been stated regarding submission of monthly reports to RQIA post inspection for review.

Throughout the inspection the inspector viewed evidence of effective collaborative working relationships with relevant stakeholders such as HSCT representatives and the HSCT contracts departments.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in hard copy and in electronic and hard copy format and were accessible to staff.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. Staff could discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- individual risk assessment

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were examples of good practice maintaining good working relationships.

Areas for improvement

An area for improvement was identified in regards to the submission of monthly quality monitoring visit reports.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary O'Hanlon registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 agency. 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 23 (2) (3)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>This area for improvement relates to the quality of a number of monthly quality monitoring reports available for inspection. In accordance with Regulation 23 (2) (3), the registered person must forward to RQIA reports of quality monitoring visits undertaken on a monthly basis until further notice.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: This Agency has completed a report for each month, however we have included more information as requested from July 2019.</p>

Please ensure this document is completed in full and returned via Web Portal

<p>Area for improvement 1</p> <p>Ref: Regulation15(12)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that the Regulation and Improvement Authority be notified of any incident reported to the police, not later than 24 hours after the registered person-</p> <p>(i) has reported the matter to the police; or</p> <p>(ii) is informed that the matter has been reported to the police</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.2</p>
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	<p>Response by registered person detailing the actions taken: There have been no notifiable incidents to report.</p>
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