

Unannounced Care Inspection Report 10 August 2017



Riversley Project

Type of Service: Domiciliary Care Agency
Address: 4 Church Street, Banbridge, BT32 4AA
Tel No: 02840628075
Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

Mencap Riversley Project is a supported living type domiciliary care agency, located close to the town centre of Banbridge. The agency provides domiciliary care and housing support to adults with a learning disability. Attached to the rear of the house is a three storey building which has 21 apartments that accommodate service users. The remaining apartments provide accommodation for frail elderly tenants. In conjunction with Fold Housing the agency’s aim is to provide care and support to service users with a learning disability, to enable them to live in their own home within the local community. The agency is staffed by a service manager and a number of support staff.

3.0 Service details

Organisation/Registered Provider: MENCAP Responsible Individual: Barry Joseph McMenamim	Registered Manager: Sinead Marie Murphy
Person in charge at the time of inspection: Service manager	Date manager registered: 6 June 2012

4.0 Inspection summary

An unannounced inspection took place on 10 August 2017 from 09:30 to 13:30.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine 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:

- staff recruitment
- care reviews
- staff induction
- training and development

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the service 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.

4.2 Action/enforcement taken following the most recent care inspection dated 4 January 2017

No further actions were required to be taken following the most recent inspection on 4 January 2017.

5.0 How we inspect

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

- previous inspection report
- record of notifiable events for 2016/2017
- record of complaints notified to the agency
- communications with the agency

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

- Discussion with the service manager and care staff
- Discussion with two service users
- Examination of records
- File audits
- Evaluation and feedback
- Recruitment policy and procedure
- Whistleblowing policy
- Staff member's records
- Staff member's induction and training records
- 2017 Annual quality report
- Staff training records including:
 - Safeguarding
 - Human rights
 - Data protection
 - Finance training
 - Challenging behaviour
 - Manual handling
 - Epilepsy management
 - Objective setting
 - Risk management
 - Medication
 - Recording and report writing
- The agency's statement of purpose (2017)
- The agency's service users guide (2017).
- Monthly quality monitoring reports completed on behalf of the registered provider

During the inspection the inspector spoke with the service manager, eight staff during their staff meeting and two service users. Their feedback has been included throughout this report.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA. Seven questionnaires were returned. The inspector also asked the manager to distribute ten questionnaires to tenant's and their relatives. Four questionnaires were returned. Further detail of feedback is included 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 4 January 2017

The most recent inspection of the agency was an unannounced care inspection. There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

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

During the inspection the inspector reviewed that agency's processes in place to avoid and prevent harm to service users; this included a review of staffing arrangements in place within the agency.

The agency's recruitment policy (2017) details the processes used for staff recruitment and included a list of pre-employment checks completed. Records viewed indicated that the agency has in place effective recruitment systems to ensure that staff are not provided for work until all required checks have been satisfactorily completed. It was identified that staff recruitment is processed by the organisations Human Resources (HR) department; records in place detailed the process for receiving confirmation that staff are available to commence employment.

The agency's induction policy outlines the induction programme lasting at least three days which is in accordance with the regulations; it was noted from records viewed and discussions with the person in charge that during induction staff complete mandatory training and shadow other staff employed by the agency. A record of the induction programme provided to staff is retained by the agency.

The person in charge discussed methods used to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users; this included measures taken to ensure continuity of staff provided.

The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge. Staff who spoke to the inspector felt that had the knowledge and skills to fulfil their job role.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervision and appraisal; records view indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector confirmed that they had received supervision and appraisal and could describe the benefits. It was identified that the supervision process involves an observation of staff's practice and competency assessments.

The agency has a system in place for recording staff training; the person in charge could describe the process for identifying gaps in training in conjunction with the organisations training co-ordinator and for ensuring that required training updates are completed. It was noted that staff are required to complete a range of mandatory training and in addition training specific to the needs of individual service users.

The inspector viewed the agency's staff training information and noted that the records indicated that staff had completed relevant training. Staff who spoke to the inspector could describe the process for requesting additional training if required; they indicated that training completed had equipped them with the knowledge and skills for their role.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation has recently updated their policy and procedures to reflect information contained within the policy and it was also noted that the agency provided training information sessions for staff in relation to the updated procedures.

The agency has identified an Adult Safeguarding Champion (ASC) (2017); the policy outlines the role of the ASC and their key areas of responsibility which includes the completion of an annual report relating to adult safeguarding.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the person in charge and records viewed it was identified that the agency has a process for maintaining a record of referrals made to the HSC Trust safeguarding team relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has made no referrals in relation to adult safeguarding since the previous inspection.

Discussions with the agency's staff indicated that they had a clear understanding of safeguarding issues and the process for reporting concerns; they had knowledge of the agency's whistleblowing policy. It was identified from training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and additional update training.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. It was noted that the agency's risk assessments, support planning and review, and risk management policies outline the processes for assessing and reviewing risk.

It was noted that service users are supported to participate in an annual review involving their HSC Trust keyworker and that care and support plans are reviewed in conjunction with service users.

The inspector viewed a range of risk assessments and care and support plans in place relating to individual service users. It was identified that the monthly governance arrangements include an audit of risk assessments and care practices.

The agency's registered premises are located within the same building as the service users' accommodation; it includes an office area that is suitable for the operation of the agency as described in the Statement of Purpose (2017).

Four returned questionnaires from service users indicated that:

- feel safe and protected from harm
- they can talk to staff if they are unhappy or have any concerns
- the care received helps you feel safe
- staff are trained to meet your needs

Seven returned questionnaires from staff indicated:

- They feel that service users are safe and protected from harm
- There are risk assessments and Care Plans in place for the people who use the service
- Feel they receive appropriate training for their role
- They receive supervision and appraisal.

Service users' comments

- "I feel safe and secure here."
- "The staff are great and make me feel safe."

Staff comments

- "My induction was comprehensive and prepared me for my role."
- "Shadowing of other staff helped me with my induction and training."
- "Supervision is one to one and gives you the opportunity to discuss any concerns you may have or need to explore further."
- "Training and development is excellent."

Areas of good practice

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 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 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 and record keeping policies outline the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. The agency's staff personnel records viewed by the inspector were retained securely and in an organised manner. The inspector noted that staff had received training relating to data protection.

Staff could describe the methods used to ensure that service users are supported to be involved in the development of their care and support plans. During the inspection the inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided.

Discussions with staff and records viewed indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by one of the agency's senior management team.

Records of quality monitoring visits viewed were noted to include comments made by service users, and where appropriate their representatives. The records include details of the review of accidents, incidents or safeguarding referrals and in addition details of the review of staffing arrangements and documentation. The inspector noted some of the comments received from tenants, staff, relatives and HSC Trust professionals:

Tenants:

- "Everything is good at Riversley."
- "No concerns, I'm very happy."
- "Everything is going well."
- "My new keyworker is very nice."

Relatives:

- "I'm happy with the support of ****."
- "I'm very positive the staff are great."
- "I have the highest admiration and respect for the staff."
- "The care and support for **** is excellent."
- "I'm pleased with the support."
- "The manager is very accommodating."

Staff:

- “Everything is ok.”
- “Great place to work.”
- “I enjoy my work.”
- “The new staff have settled, I have no issues.”

HSC Trust:

- “Staff are very supportive and we have a good working relationship with the manager.”
- “One of the best places I have worked with.”
- “Communication is great.”
- “Everything is fine with my clients.”
- “I have no issues with staff or management.”

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 observations of staff interaction during the inspection indicated that staff communicate appropriately with service users.

The agency facilitates monthly service user meetings; one service user indicated that they are provided with the opportunity to express their views and choices. The inspector noted some of the topics discussed during meetings:

- health and safety
- review of agency policies
- tenant issues
- risk assessments
- staff recruitment
- area of concern
- what’s happening in our community?

Staff meetings are facilitated and a record of issues discussed maintained.

The inspector noted some of the topics discussed during meetings:

- new staff
- tenant updates
- data protection
- finances
- key working
- training
- communication strategy
- day time opportunity for tenant’s

The agency records evidenced a range of ways in which the agency seeks to maintain effective working relationships with the HSC Trust representatives and other stakeholders.

Four returned questionnaires from service users/relatives indicated that:

- Were aware of systems in place to monitor the quality/safety of the service they receive
- They were involved in a review of their care needs.

Questionnaire comments:

- “I go to tenants meetings.”
- “I have a review every year with my keyworker.”

Seven returned questionnaires from staff indicated that:

- Service users get the right care, at the right time and with the best outcome for them
- Service users involved in the development of their plan of care.

Service users’ comments

- “My home is great.”
- “This is my home now and I feel good here.”
- “I have no complaints as the staff help me if I have.”

Staff comments

- “Training and development is encouraged by the manager.”
- “We have a good team who communicate well with each other.”
- “We are here to facilitate and encourage independence for tenants.”
- “The manager has an open door policy and can be approached at any time for advice.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to effective record keeping, audits and reviews, quality monitoring and communication between service users, relatives and agency staff.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

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

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 and support.

Observations made during the inspection and discussions with staff indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe ways in which they support the service users to take positive risks. It was noted that staff have been provided with training in relation to human rights, equality and diversity.

The inspector noted that staff provide care in an individualised manner and ensure that service users are encouraged and supported to make informed choices. It was identified that the agency has provided a range of information in alternative formats to support service users to meaningfully engage in decisions about their individual care and support.

The inspector noted that comments made by service users and/or their representatives were recorded throughout a range of the agency's documentation. Processes to effectively engage and respond to the comments and views of service users and were appropriate representatives are maintained through the agency's compliments and complaints process; monthly quality monitoring visits; care review meetings; annual stakeholder, service user satisfaction surveys and tenants meetings. It was identified from records viewed that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement. The inspector noted the annual stakeholder survey completed by the agency and the areas that service users and/or relatives can comment on:

- getting my support right
- helping me to achieve
- helping me to make choices
- feeling safe
- taking responsibility
- keeping healthy
- feeling good
- my paperwork
- people who work with me
- managing my support
- doing the best for me

The inspector noted some of the comments made by service users during the quality review:

- "I would like to live on my own, in my own house, someday."
- "***** listens to me."
- "I look after myself, I have my own key."
- "Staff help me with healthy eating."
- "I go swimming."
- "I have joined the tech."
- "I was supported to save for my holiday."
- "I enjoy going to the Black box, to see my friends."
- "I want to go horse riding."

Four returned questionnaires from service users/relatives indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care
- Their views and opinions were sought about the quality of the service

- The care you receive meets needs and expectations.

Questionnaire comments:

- “I get good care.”
- “I have a review every year.”

Seven returned questionnaires from staff indicated that:

- Service users are treated with dignity and respect and involved in decisions affecting their care
- They were satisfied that the people who use the service have their views listened to
- They were satisfied that improvements are made in line with the views of the people who use the service.
- They were satisfied that the agency provides the people who use the service with information on their rights, including the choices and decisions they can make about the service they receive.

Questionnaire comments:

- “Monthly tenant meetings are carried out where they can air any issues or concerns. All needs are listened to or any ideas or improvement.”

Service users’ comments:

- “I love it here staff are great.”
- “I miss home but it’s like home here with everyone.”

Staff comments:

- “Tenants care plans and support plans are in place so we can provide quality care.”
- “Tenants are well cared for by staff.”
- “We are well trained to meet tenant needs.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred compassionate care and the effective engagement of service users and their relatives.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has implemented effective systems of management and governance.

The agency has in place a range of policies and procedures in accordance with those outlined within the minimum standards; they are retained both in a paper format stored within the agency's office and online for staff. The arrangements for policies and procedures to be reviewed, every three years, were found to have been implemented consistently.

The inspector noted that the agency has a systematic approach in auditing and reviewing information with the aim of improving safety and quality of life for service users. It was identified from records viewed and discussions with the person in charge that the agency's governance arrangements promote the identification and management of risk; these include provision of and review 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 for managing complaints; discussions with agency staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was identified from records viewed that the agency has received no complaints since the previous inspection.

The inspector viewed information that evidenced that the agency has in place management and governance systems to drive quality improvement; these include arrangements for monitoring incidents, accidents and complaints on a monthly basis. The inspector viewed evidence of appropriate staff induction, training, supervision and appraisal.

There was evidence of effective collaborative working relationships with stakeholders, including the HSC Trust representatives and relatives. The inspector noted positive feedback from the HSC Trust representatives regarding the ability of the agency to work in partnership to achieve the better outcomes for individual 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 their job roles; service users had an understanding of staff roles and knew who to talk to if they had a concern. Staff had knowledge of the agency's whistleblowing policy and could describe the process for obtaining guidance and support including arrangements for out of hours.

The person in charge stated that all staff are required to be registered with the Northern Ireland Social Care Council (NISCC). It was noted that a record is maintained by the agency and the HR department detailing registration details and expiry dates. It was noted that a copy of the staff member's registration certificate is retained by the agency.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards. The agency’s Statement of Purpose and Service User Guide were noted to have been reviewed and updated. Four returned questionnaires from service users indicated that:

- They feel the service is managed well.
- They were satisfied that any concerns or complaints would be listened to and responded to.

Questionnaire Comments:

- “ ***** always listens to me.”
- “I talk to ***** my keyworker.”
- “Staff look after me.”

Seven returned questionnaires from staff indicated that:

- The service is managed well.
- They were satisfied that quality monitoring is undertaken regularly for both staff and people who use the service.
- Were satisfied that complaints from the people who use the service are listened to.
- Were satisfied that the current staffing arrangement meets the service user’s needs.

Questionnaire Comments:

- “Lifestyle support has been introduced along with day time opportunities, residents are getting to participate in extra activities.”

Service users’ comments:

- “The manager is great and we like her.”
- “My keyworker is helpful and helped me to settle in.”

Staff comments

- “The manager is very approachable and has time for the staff.”
- “MENCAPS training is excellent and you have the opportunity to avail of further training.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s management and governance arrangements, management of complaints, incidents and quality monitoring.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



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