



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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SECONDARY INSPECTION

Inspection No:	18327
Establishment ID No:	11012
Name of Establishment:	Fairholme Supported Housing
Date of Inspection:	12 May 2014
Inspector's Name:	Jim McBride

GENERAL INFORMATION

Name of agency:	Fairholme Supported Housing
Address:	29 Annadale Avenue Belfast BT7 3JJ
Telephone Number:	02890641614
E mail Address:	margaret.laird@belfasttrust.hscni.net
Registered Organisation / Registered Provider:	Mr Colm Donaghy
Registered Manager:	Mrs Margaret Laird
Person in charge of the agency at the time of inspection:	Francis O Neill (Senior Support Worker)
Number of service users:	28 at the time of inspection
Date and type of previous inspection:	Primary Announced 30 January 2014, 9:15am – 4:45pm
Date and time of inspection	12 May 2014 Unannounced 09:00am - 11:45am
Name of inspector:	Jim Mc Bride

1.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

1.2 METHODS/PROCESS

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

- Discussion with the senior support worker
- Examination of records
- File audit

1.3 INSPECTION FOCUS

This inspection was undertaken in response to a number of intelligence concerns raised by another statutory agency and reported to the RQIA.

The focus of this inspection was:

- The prescribed services provided by the agency
- The individual current care/support plans in place
- Care/support plan review

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

Fairholme Supported Living is a domiciliary care agency operating under the auspices of the Belfast Health and Social Care Trust. The scheme provides support to 28 service users (capacity 40) over 65 years with physical ill health; mental ill health or mild learning disability. The services provided are focused on maintaining service users' independence and include meal provision, support with cleaning, shopping, laundry and care provision.

SUMMARY OF INSPECTION

The inspection of 12 May 2014 focussed on the:

- Prescribed services provided by the agency
- The individual current care/support plans in place
- Care/support plan reviews.

While the inspection was unannounced, the inspector contacted Mrs Fiona Mc Kinney, Assistant Service Manager BHSCT on the 8 May 2014 to advise her of an imminent unannounced inspection visit. This was triggered by information received from another statutory agency.

Inspection:

The inspector spoke with the senior support worker on duty Ms F O'Neill, and four other staff during the inspection.

The Inspector undertook the inspection visit to Fairholme and conveyed concerns relating to the information received from another statutory agency on the 8 May 2014.

Concerns received:

- The standard of cleanliness in two individual tenants' rooms
- Bathroom cleanliness
- Standard of cleanliness of communal areas.

Mrs O Neill the senior support worker on duty was aware of these concerns and acknowledged that she had been informed of these by Mrs F Mc Kinney Assistant Service Manager from the HSC Trust.

The concerns raised were acknowledged by the staff as correct in relation to one tenant about whom the concerns were raised.

The inspector examined two care plans in place these included a combined assessment for completion prior to availing of tenancy. These combined assessment forms describe what the tenants can do and how they would like needs met, one staff member stated:

"These forms are not designed for the residents who live here".

“These forms are designed for people with dementia”.

“Another stated “people’s needs have changed and they expect more care now”.

In relation to one individual tenant the assessment states “I would like to clean my own flat with no access form staff” it further states”. Will do all his own domestic duties”.

Staff confirmed they had no access to this particular flat and to other flats within the scheme. Staff stated “We provide support and care to tenants but have no access to flats if not invited”.

Staff also confirmed that they have “Started a big clean-up of the communal areas and stated that “Things were bad but are now cleaned”.

Records in place show that attempts have been made to encourage one tenant to care for his flat but the records in place only show this from 9 May 2014. The staff stated “No records are in place before that date”.

During further discussions with staff they stated “Care and support plans in place do not meet the needs of tenants as their care needs have changed or are different”.

Staff stated that the scheme is “residential” in nature due to the care/support needs of individuals and they find it demanding as tenants need more care/support and medication which take time to administer.

Staff stated that they are responsible for all cleaning including the tenants’ homes as no domestic staff are employed even for the communal areas.

The inspector could find no evidence of a HSC Trust care/support review in relation to one tenant over which the above concerns had been raised, however records in place show that this was requested by the manager on the 19 January 2014.

Staff also stated that “Some tenants need restrictions in place as they have no safety awareness and get out and go down the road and we have to go and get them”.

The inspector saw no evidence of restrictive practices within the two care/support plans examined.

Following inspection the inspector highlighted a number of concerns and has issued the agency with an urgent action notice in relation to the following areas:

The Domiciliary Care Agencies Regulations (Northern Ireland) 2007:

Regulation 7

The registered person must review their statement of purpose in relation to the nature and range of service currently provided.

Regulation 14 (a) (b) (c) (d) (e)

The registered person is to ensure that the prescribed services arranged by the agency are provided in relation to:

Ensuring the safety and security of the service users

Safeguard service users against abuse or neglect

Promote the independence of service users

Ensure the safety and security of services users' property including their homes

Ensuring this is completed in a manner that respects the privacy, dignity and wishes of the service users.

Regulation 15 (2) and 15(3) (b)

The registered person will ensure that any care/support plan in place is consistent with the HSC Trust Plan of care and ensure this is reviewed when required.

During the inspection the inspector noted that areas for quality improvement issued during a previous inspection on the 30 January 2014 have not been progressed within the agreed timescales in spite of undertakings given by the registered manger and the responsible person in the returned quality improvement plan received by RQIA on the 3 April 2014.

This was discussed with Mrs Fiona Mc Kinney Assistant Service Manager BHSCT who stated some areas have not yet been completed but are being progressed. It is required that these actions be completed as soon as possible and forwarded to the RQIA for perusal.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Francis O Neill, Senior Support Worker, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

Where the inspection resulted in no recommendations or requirements being made the provider / manger is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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.

Enquiries relating to this report should be addressed to:

**Mr Jim McBride
Inspector
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Unannounced Inspection

Fairholme Supported Housing

12 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs F O Neill during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 7	The registered person must review their statement of purpose in relation to the nature and range of service currently provided.	Once	The Statement of Purpose has been reviewed and amended to reflect the range of services that are currently provided in Fairholme.	2 Months from the inspection date 12 July 2014
2	Regulation 14 (a) (b) (c) (d) (e)	<p>The registered person is to ensure that the prescribed services arranged by the agency are provided in relation to:</p> <p>Ensuring the safety and security of the service users Safeguard service users against abuse or neglect Promote the independence of service users Ensure the safety and security of services users' property including their homes Ensuring this is completed in a manner that respects the privacy, dignity and wishes of the service users.</p>	Once	<p>Adult Safeguarding investigation has been ongoing in Fairholme since May to independently determine any incidence of abuse or neglect of tenants living in Fairholme. Support plans and risk assessments have been reviewed and updated since 12 May 2014, but remains a work in progress. A time scale for completion of this work is in place.</p> <p>An acting registered manager has been in place Fairholme since 30/06/14, of which RQIA have been fully appraised. A service improvement action plan has been developed and is currently being implemented by the acting manager. This action plan will assure the trust</p>	Immediate

				<p>that any issues impacting on the safety, security, abuse or neglect of tenants are identified and fully resolved. As part of the service improvement there will be a comprehensive holistic review of the service and supports provided to individual tenants and ensure the updated support and risk management plans promotes the individuality, independence, choices, empowerment and rights of the person to self determination in all aspects of their daily life. This review will take place in consultation with tenants and their relatives and the finished document will reflect the residents choices and wishes. A review for each tenant has been scheduled with their key worker, with a number having already taken place. The service improvement plan will also address issues relating to the safety and security of the building and the protection of service users property, a review of the financial procedures for the management of tenant's finances in the context of supported housing and a</p>	
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				review of the service policy on assessment, support planning and risk management including restrictive practice.	
3	Regulation 15 .2 and 15(3) (b)		Once		Immediate

4	Regulation 24	The registered person shall produce a plan setting out the methods by which, and the timetable to which, the registered person intends to improve the services which the agency arranges to be provided. This requirement relates to the previous quality improvement plan issued 30 January 2014.	Once	A review of the service has been undertaken and a service improvement plan has been developed, which will be available for inspection at RQIA's next inspection announced on 4th July 14. This action plan will identify key actions with target dates for completion and will cover the following areas: - assessment, care planning, risk assessment and management including any restrictive practices, the six monthly review of tenants, the arrangements in place for the safety and review of tenants and their property, review of the environment and environmental cleanliness and review of the financial procedures for the management of tenant's finances and the service policy on assessment, support planning and risk management including restrictive practice.	Two months from the inspection date 12 July 2014
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Katie Campbell Servcie Manager obo Mary Murdock Acting registered manager
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Martin Dillon (Acting)

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Jim Mc Bride	9/7/14
Further information requested from provider			