

Announced Care Inspection Report 13 December 2018



2 Weavershill Road

Type of Service: Domiciliary Care Agency

**Address: 2 Weavershill Road,
Belfast, BT14 8PS**

Tel No: 02890712011

Inspector: Joanne Faulkner

Observer: Julie Livingstone, Administrative officer

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

2 Weavershill Road is a domiciliary care agency supported living type, operated by the Belfast Health and Social Care Trust (BHSCT). The agency provides care and support to adults with enduring mental health needs; service users reside in individual flats or shared accommodation.

Staff provide 24 hour care and support to service users, dependent on their individual assessed needs. Agency staff encourage service users to live as independently as possible and support them to have choice and control over their day to day activities and routines.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Aoine McMahon
Responsible Individual(s): Martin Joseph Dillon	
Person in charge at the time of inspection: Aoine McMahon	Date manager registered: 20 August 2015

4.0 Inspection summary

An announced inspection took place on 13 December 2018 from 10.25 to 16.00.

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

The inspection determined 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:

- Communication and engagement with service users and other relevant stakeholders
- Staff induction, supervision and training
- Quality monitoring systems
- Provision of care in a person centred manner
- Service user engagement and involvement.

This was evidenced through the review of records at inspection and from feedback received from service users and staff on inspection. The comments of service users and staff have been included in the relevant report sections.

Two areas for improvement were identified during the inspection in relation to Regulation 13(d) Schedule 3 with regard to information retained in relation to domiciliary care workers and Regulation 21.(1)(a) Schedule 4 relating to the agency's staff rota information.

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.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 15 January 2018

No further actions were required to be taken following the most recent inspection on 15 January 2018.

5.0 How we inspect

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

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- Discussion with the manager
- Examination of records
- Consultation with service users and staff
- Evaluation and feedback

During the inspection the inspector met with the manager, one service user and six staff members.

The following records were viewed during the inspection:

- service users' care records
- risk assessments
- monthly quality monitoring reports
- minutes of service user meetings
- staff meeting minutes
- staff induction records
- staff training records
- records relating to staff supervision
- complaints records
- incident records

- records relating to adult safeguarding
- staff rota information
- Statement of Purpose
- Service User Guide

A number of policies and procedures viewed during the inspection were noted to have been reviewed and updated in accordance with timescales as outlined within the minimum standards.

Questionnaires were provided during the inspection for completion by service users and/or relatives; no questionnaires were returned to RQIA.

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received.

The inspector requested that the manager display a 'Have we missed you card' to provided relatives and visitors to contact RQIA with their views; no responses were received.

Feedback received during the course of the inspection is reflected 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 15 January 2018

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

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

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

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.

During the inspection the inspector reviewed the agency's processes used to avoid and prevent harm to service users; it included the review of current staffing arrangements within the agency.

It was identified that the agency's staff recruitment process is co-ordinated in conjunction with the organisation's Human Resources (HR) department and Business Services Organisation (BSO).

The inspector viewed evidence of confirmation received by the manager that all required checks have been satisfactorily completed. The manager provided assurances that domiciliary care workers are not provided for work until all required checks and induction have been satisfactorily completed.

It was identified from records viewed and discussions with the registered manager that the agency does not have in place a statement staff signed by registered person or the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13(d) Schedule 3. An area for improvement has been identified.

The agency's induction policy outlines the induction programme provided to staff; it was noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. During the initial induction programme staff are required to attend corporate induction and complete training in a range of mandatory areas. In addition staff are required to shadow other staff employed by the agency. A record of induction is retained and signed by the staff member.

Staff who spoke to the inspector provided details of the induction provided which was noted to include shadowing other staff employed by the discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The registered manager stated that relief staff are accessed from the organisations relief staff and could describe the procedures used to ensure that they had the required skills and training for the role.

Discussions with the manager and staff indicated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the needs of individual service users. The registered manager stated that current staff levels are adequate to meet the assessed needs of service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the manager; it was good to note that a responsibility record is provided for staff at each shift handover. The inspector noted from staff rota information viewed that on a number of occasions correction fluid had been used; in addition it was identified that the rota was required to be updated to include an abbreviation list, clearly record the full name of all staff provided and accurate details of hours worked. An area for improvement has been identified.

The agency's supervision and appraisal policies detail the timescales and procedures to be followed; a record of staff supervision and appraisal is maintained. The records of two staff reviewed and further discussion with the manager indicated that staff had received supervision and appraisal in accordance with the agency's policies. The inspector discussed with the manager the need to ensure that appraisal records accurately reflect the date completed.

The manager and staff could describe the process for identifying training needs in and their responsibility for ensuring that training updates are completed. It was identified that staff were required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. Staff indicated that their training is beneficial to their job roles.

The agency has a system for recording staff training; from records viewed it was identified that staff had completed training in a number of mandatory areas.

The manager stated that the HR department monitors the registration status and expiry dates of staff required to be registered with the NISCC or the Nursing and Midwifery Council (NMC). The manager stated that staff are alerted when their registration is required to be renewed and not supplied for work if they are not appropriately registered. The inspector discussed with the manager the need to retain details of the information within the agency office; following the inspection the manager provided details to RQIA of staff registration status.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The manager could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The organisation's policy and procedures reflect information contained within the DOH policy and outlines the procedure for staff in reporting concerns.

Discussions with staff indicated that they were knowledgeable in matters relating to adult safeguarding matters, the role of the ASC and the procedure for reporting adult safeguarding concerns appropriately and in a timely manner.

It was identified that staff are required to complete safeguarding training during their induction programme and in addition a training update every 18 months. Training records viewed by the inspector indicated that staff had completed required training updates.

Service users who spoke to the inspector could describe what they would do if they had any concerns in relation to their safety or the care and support they received.

Records viewed and discussions with the manager indicated that the agency had acted in accordance with their policy and procedures in relation to a referral made regarding to an adult safeguarding matter since the previous inspection. The agency has a process for maintaining a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to any instances of alleged or actual incidences of abuse.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. Staff could describe the process for assessing and reviewing risk. Service users are supported to participate in regular reviews involving their HSCT keyworker.

The agency's office accommodation is located within the same building as the homes of the service users and accessed from a shared entrance. The offices are suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection offices were lockable, records were stored securely and in a well organised manner and that PC's were password protected.

Comments received during inspection process

Service users' comments

- "I am happy here, I feel more independent."
- "I feel safe."
- "I go out on my own; I enjoy going out."

Staff comments

- “I feel equipped to do my job.”
- “I feel supported and would speak up if poor practice to the registered manager.”
- “Training is fine; maybe needs more real examples.”
- “I am happy enough but a dip in staffing previously due to sick leave; but bank covers.”
- “We help keep the service users safe; we have a good team here.”
- “I am having my three week induction; my training is planned; I have been reading records and getting orientated as part of my induction.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction and processes for managing identified adult safeguarding matters.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to information retained in relation to domiciliary care workers and the agency’s rota information.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector reviewed the agency’s arrangements for appropriately responding to, assessing and meeting the needs of service users. The agency’s Statement of Purpose and Service User Guide contain details of the nature and range of services provided; it was discussed with the manager the need to review the documents to include updated telephone contact details for RQIA; assurances were provided that this would be actioned.

The agency’s data protection policy outlines the procedures for the effective creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be retained in an organised manner.

Staff could describe the processes used for supporting service users to be engaged effectively in their care planning and review processes. Service users indicated that staff encourage them to attend one to one keyworker sessions and review meetings and to be involved in the completion of their individual risk assessments and care 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.

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The organisation has a process for completing monthly quality monitoring visits and a report is formulated.

Records of quality monitoring audits viewed indicated that the process is effective and that an action plan is developed. The reports were noted to include details of comments made by service users, and where appropriate their representatives.

They included information relating to the review of the previous action plan, review of incidents, accidents and safeguarding referrals; rota information, care records and complaints. The inspector discussed with the manager the need to record specific details of records reviewed on the report; assurances were provided that this would be communicated to the person completing the report for action.

The agency's systems to promote effective communication between service users, relatives, staff and relevant stakeholders were assessed during the inspection. Discussions with service users and observations of staff interaction with service during the inspection indicated that staff communicate appropriately with them and that their views and opinions are respected.

Staff could describe the processes used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders.

The agency aims to facilitate weekly service user meetings; service users could confirm that they are encouraged to attend and provided with the opportunity to express their views and opinions. The inspector discussed with the manager the need to include more detailed information in the minutes of the meetings.

Comments received during inspection process

Staff comments

- "Good communication."
- "The role can be challenging due to the nature of the work; but I feel supported."
- "I can get advice from the seniors at any time."
- "We provide help to service users with basic tasks, emotional support and accessing the community with the aim to make them more independent."
- "We advise, support, encourage and educate service users."
- "There is a dynamic staff team; we support each other."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's quality monitoring arrangements and communication and engagement with service users, and where appropriate their relatives 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.

During the inspection 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 the care and support they receive.

Discussions with staff indicated that staff had received training in relation to human rights, equality, diversity and confidentiality. Discussions with service users and staff, documentation viewed and observations made during the inspection provided evidence that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation. It was noted that service users are provided with information relating to human rights, equality and diversity, advocacy and adult safeguarding when they accept the tenancy.

Individual care records viewed contained information relating to the life histories and needs, choices and preferences of individual service users. During the inspection the inspector observed service users being supported by staff to make decisions about the care and support they received; service users who spoke to the inspector stated that they can make their own choices.

Staff described their wide range of ways in which they provide care and support in an individualised manner; and the methods used for effectively supporting service users in making informed choices. Service users indicated that staff support them to be involved in decisions relating to their care, support and daily routines. Service users stated that staff respect their choices and indicated that they are not restricted in any way.

The inspector discussed arrangements in place relating to the equity 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 in a safe and effective manner. The manager and staff could describe how training provided had equipped them to engage with a diverse range of service users. It was identified that staff had completed training on equality and diversity and human rights.

Discussions with the service users, staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle choices. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- effective service user involvement
- appropriate stakeholder involvement
- equity of care and support
- provision of care in an individualised manner

Discussions with staff and documentation viewed provided evidence that the agency has a range of methods for recording comments made by service users and where appropriate their representatives. Records of service user meetings, one to one keyworker meetings, care review meetings and the agency's quality monitoring reports provided evidence of ongoing engagement with service users and where appropriate relevant stakeholders.

Processes for engaging with and responding to the comments of service users and where appropriate their representatives are maintained through the agency's complaints/compliments process, quality monitoring visits, care review meetings, keyworker meetings and service user meetings. The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

Observations made during the inspection and discussions with service users provided evidence that service users are encouraged to make choices regarding their daily routines. It was good to note that service users appeared relaxed and comfortable in the environment.

Service users' comments

- "I feel safe; I feel that I have choice."
- "Staff are helping me to become more confident; I find it hard to trust people."
- "I am very happy but would like to be more independent in future."

Staff comments

- "I have a background of working in this environment; we advise and encourage and educate service user to support their safety and provide information."
- "We do give the service users the opportunity to make real choices."
- "It's what the service users want to do; it's their choice."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and effective engagement with service users, and where appropriate relevant stakeholders.

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 inspector reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is managed on a day to day basis by the manager supported by a number of senior support and support workers; staff stated that the manager is supportive and could describe the process for obtaining support and guidance at any time including out of hours arrangements.

The agency has a range of policies and procedures that are retained in an electronic format that staff can access.

A number of the organisation's policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency's complaints policy and procedure outlines the procedure for managing complaints; discussions with the manager and staff indicated that they have an understanding of the actions to be taken in the event of a complaint being received. Service users could describe the process for raising concerns.

The agency has a process for retaining a record of complaints received. It was noted from discussions with the manager that the agency has acted in accordance with their policy in relation to complaints received since the previous inspection. The inspector noted that complaints are audited monthly as part of the agency's quality monitoring process.

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of required policies and procedures, monthly monitoring of staffing arrangements, complaints, accidents/incidents and safeguarding incidents.

It was noted that the agency has in place management and governance systems to monitor and improve the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints. The inspector viewed evidence which indicated appropriate staff induction, training and supervision.

Staff and service users could describe the organisational and management structure of the agency. It was identified that staff are provided with a job description at the commencement of employment; staff who spoke to the inspector had a good understanding of the responsibilities of their job roles.

The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated. On the date of inspection the certificate of registration was on display and reflective of the service provided.

Comments received during inspection.

Service users' comments

- "I can approach staff if I am worried."

Staff comments

- "I can approach seniors with concerns; would report any concerns if required."
- "I feel the unit is managed appropriately."
- "I feel supported."
- "Team meetings are very open and above board."
- "I feel the service is managed perfectly; I can ask questions."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance and quality monitoring arrangements.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Aoine McMahon, 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 13(d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection.</p>	<p>The registered person shall ensure that no domiciliary worker is supplied by an agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A statement of fitness to practice is now completed by the Registered Manager on the day of commencement of employment. Please find attached App 1 – Manager Declaration.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21.- (1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection.</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner</p> <p>This relates specifically to details of each supply of a domiciliary care worker to a service user.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff rotas do include list of all staff names, grades and hours worked, rather than using abbreviations. The Registered Manager has now documented all hours worked and shift patterns on rota. Correction fluid is no longer used to make corrections.</p>

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



2 Weavershill Road
Belfast
BT14 8PS

In relation to The Domiciliary Care Agencies Regulations (Northern Ireland) 2007,
Reference Schedule 3 Regulation 13, Part 10:-

Manager Declaration

As registered Manager of 2 Weavershill Road Mental Health Supported Living Scheme, I can confirm that has completed her/his Occupational Health and Employment Checks, and at commencement of employment presents as physically and mentally fit for the purpose of her/his role as

Registered Manager

Signature