

# Unannounced Care Inspection Report 15 January 2018



## 2 Weavershill Road

**Type of Service: Domiciliary Care Agency**  
**Address: 2 Weavershill Road,**  
**Belfast, BT14 8PS**  
**Tel No: 02890712011**  
**Inspector: Jim McBride**

[www.rqia.org.uk](http://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

2 Weavershill Road is a domiciliary care agency operated by the Belfast Health and Social Care Trust which provides a supported living service to adults with mental health needs who reside in individual or shared accommodation at 2 Weavershill Road. Service users may receive up to 24 hour care and support from agency staff, dependent on needs assessed by the HSC Trust. Agency staff encourage service users to exercise choice and control over their lives, promoting their rights and providing support to live as independently as possible. Currently care and support is provided to 10 tenants by 11 staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust/Martin Joseph Dillon	<b>Registered Manager:</b> Aoine McMahon
<b>Person in charge at the time of inspection:</b> Aoine McMahon	<b>Date manager registered:</b> 20 August 2015

### 4.0 Inspection summary

An unannounced inspection took place on 15 January 2018 from 09.15 to 14.30.

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

Evidence of good practice was found in relation to:

- staff induction and training
- quality monitoring
- activity programmes/social outreach
- service user engagement

During the inspection the inspector met with the registered manager and three senior care workers. The inspector also had the opportunity to meet with two service users and has added their comments to this report.

#### Service user comments:

- “Very positive it’s great here.”
- “My keyworker is very supportive.”
- “I have no problems here.”
- “Staff treat me well.”
- “Staff have discussed my living options with me.”
- “I have only positive comments for everyone here.”
- “The staff are very supportive to me at all times.”

#### Staff comments made to the inspector:

- “Good training and good supervision.”
- “We provide person centred care.”
- “Diverse training topics provided for staff.”
- “Good support from the manager.”
- “The manager is very approachable.”
- “Good training opportunities.”
- “The staff induction prepares you for the role.”

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

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of issuing this report it was disappointing to note that no staff views had been returned to RQIA via Survey Monkey. The manager was also asked to distribute 10 questionnaires to service users to be returned to RQIA seeking their views on the quality of the service. It was disappointing to note that no service user views had been returned to RQIA.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Aoine Mc Mahon, registered manager, as part of the inspection process and can be found in the main body of the report.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 19 April 2016

No further actions were required to be taken following the most recent inspection on 19 April 2016.

#### 5.0 How we inspect

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

- discussion with the registered manager and three senior staff
- discussion with two service users
- examination of records
- evaluation and feedback

The inspector observed service users going about their daily activities during the inspection. Staff and service users appeared comfortable with each other they were engaging and communicating well with each other.

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

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

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Referral information
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Records relating to staff supervision and appraisal
- Staff training records including:
  - Safeguarding
  - Complaints
  - Customer care
  - Medication
  - Personal safety and disengagement
  - Staff rota information
- Safeguarding Vulnerable Adults Policy (2016)
- Whistleblowing policy (2014)
- Supervision policy (2016)
- Data and record policy (2016)
- Complaints policy (2017)
- Statement of Purpose (2015) review due (2018)
- Service User Guide (2015) review due (2018).

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 19 April 2016**

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 19 April 2016**

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.**

Staff recruitment is co-ordinated and processed by the HSC trusts human resources (HR) department. Documentation viewed and discussions with the registered manager indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work until required pre-employment checks as outlined within the minimum standards have been satisfactorily completed and verified. The manager could describe the process for obtaining confirmation that staff are available to commence employment.

The agency's training and development policy outlines the induction programme lasting at least three days, which is in accordance with the regulations. Records viewed and discussions with the manager and staff show that staff are required to attend corporate induction training and are required to complete induction documentation. Staff are required to shadow other experienced staff employed by the agency for approximately one week during induction. Staff are provided with the agency's staff handbook and have access to the agency's policies and procedures online.

The agency retains a record of the induction programme provided to staff; documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff. The manager is required to sign all records to confirm that the staff member has been deemed competent at the end of the probationary period.

Discussions with the registered manager and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual service users. The agency's staff rota information viewed by the inspector reflected staffing levels as described by the registered manager; the rotas denoted the person in charge on each shift. The inspector viewed rota information for weeks ending: 21/1/18, 28/1/18 and 4/2/18, the records in place were satisfactory.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal. Records viewed by the inspector indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures.

It was identified that the agency maintains an individual record for all staff detailing dates of competency assessments, training completed and details of registration status with relevant regulatory bodies such as Northern Ireland Social Care Council (NISCC).

The agency has an electronic system in place for managing staff training; the registered manager could describe the process for identifying gaps in training in conjunction with the organisations training department. Staff are required to complete required mandatory training and in addition a range of training specific to the needs of individual service users.

The inspector viewed the agency’s training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training.

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. The agency has updated their policy and procedures to reflect information contained within the policy. The organisation has identified an Adult Safeguarding Champion (ASC); the registered manager could describe their key areas of responsibility. The agency’s policy and procedures clearly detail the process for staff on reporting concerns.

The registered manager and staff demonstrated their clear understanding of safeguarding issues; and could clearly describe the procedure to be followed which is in accordance with the agency’s policy and procedures.

Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults. From training records viewed staff are required to complete safeguarding vulnerable adults training during their induction programme, and an update two yearly.

During the inspection the inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency’s risk management policy outlines the procedure for assessing and reviewing risk; it details that comprehensive risk assessment and safety management plans are required to be completed in conjunction with service users. Service users are supported to participate in a six monthly review involving their HSC Trust keyworker and that care and support plans are reviewed six monthly or as required.

A number of service users have more frequent reviews in conjunction with their identified HSC Trust representative due to the nature of their individual needs. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly governance arrangements include an audit of risk assessments and any practices deemed to be restrictive.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 data retention policy details 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. It was identified that records are retained securely. Staff records indicated that they had received training relating to record keeping, confidentiality and data protection. On the day of inspection the agency's staff personnel and service users' records were retained securely and in an organised manner.

The registered manager and staff could describe how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care plans. During the inspection the inspector viewed a number of service user care records; staff record daily the care and support provided and that the views and choices of service users are reflected.

Discussions with the registered manager 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 a range of service managers and an action plan developed.

The inspector viewed records of quality monitoring visits and noted that there is evidence that the system is robust; it was noted that comments made by service users, and where appropriate their representatives were included. The record includes details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation and training.

The registered manager and staff could describe a range of ways in which the agency seeks to maintain effective working relationships with relatives, HSC Trust representatives and other stakeholders.

Discussions with the registered manager and observations made during the inspection indicated that the agency has systems to promote effective communication between service users, staff and other key stakeholders. Observations of interactions with service users during the inspection indicated that they communicate appropriately with service users. The agency facilitates service user meetings. The agency maintains a record of items discussed; they also include the views of service users.

The inspector noted some of the areas discussed during meetings:

- activity planning
- health and safety
- policies
- fire safety

Staff meetings are facilitated; staff are required to sign the minutes of meetings to indicate that they have read and understood the matters discussed and the information provided.

The inspector noted some of the areas discussed during meetings:

- medication
- rotas
- training
- concerns
- service user updates
- activities
- care plans

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders and the monitoring of quality provided within the service.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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.**

Discussions with the registered manager, staff and observations made by the inspector indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. The registered manager and staff could describe examples of how staff support service users to take positive risks to enable them to live a more fulfilling life.

From observations of staffs interactions with service users during the inspection it appears that all staff endeavour to provide care in an individualised manner and strive to ensure that service users are encouraged and supported to make informed choices. Records of service user meetings reflected the involvement of service users and contained comments/suggestions made by service users.

Comments made by service users and where appropriate their representatives were detailed throughout a range of the agency’s documentation. Processes to effectively engage and respond to the comments and views of service users and where appropriate their representatives are maintained through the agency’s complaints process, one to one meetings with service users, monthly quality monitoring visits, six monthly care review meetings involving HSC Trust keyworkers, stakeholder and service user satisfaction surveys and tenant 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 learning outcomes and areas for improvement.

Observations made by the inspector during the inspection indicated that service users are encouraged to make choices regarding their individual daily routine and activities. The inspector noted that service users could speak to staff at any time.

Positive feedback was received from the annual quality survey completed by the agency including the areas that service users had the opportunity to comment on:

- How good was the service you received in the last month?
- How good were staff at listening to you?
- How good were staff at communicating with you?
- Were you shown respect by staff how was this?
- Have you been provided with information on the service? (Induction questionnaire, Service User's Guide, verbal information)
- Were you involved in decisions about your care how was this?
- Were you involved in decisions about your medication how was this?
- How good were our services at talking about your physical health?
- How good were our services in helping you prepare for future independent living?
- How good were our services at helping you to feel safe?
- If you received a service from any of the following please tell us how good it was:
  - Doctor/Psychiatrist
  - Social Worker
  - Community Nurse
  - Therapist
  - Psychologist
- If you could improve one thing about the care received what would it be?
- What was the best thing about care received?
- Weavershill staff team aims to support the diverse needs of all our Service User's. Please comment on any needs not addressed or where we could improve from a cultural religious or sexual orientation perspective.
- Please also provide positive comments if you feel appropriate.

The inspector noted some of the comments received from service users during the quality survey:

- "This is an excellent environment."
- "Staff listen to me. I can talk to them at any time."
- "Staff are friendly and listen to me."
- "I'm looked after very well."
- "Staff experience is very good."
- "Staff are kind."
- "Staff treat everyone the same and never judge you."
- "All of my needs are being met."

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards. The inspector noted that the agency had a process where staff are required to access the organisation's policies and to indicate they have read them.

The agency's complaints policy clearly outlines the procedures and timescales for managing complaints. Staff stated that they had received training in relation to complaints management during their induction; discussions with the registered manager indicated that staff 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 agency has systems in place for auditing and reviewing complaints on a monthly basis with the aim of improving the quality of service provided to service users. There are management and governance systems in place within the agency to promote and drive quality improvement.

Discussions with the registered manager indicated 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 compliments and complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA.

During the inspection the inspector viewed records that evidenced staff receive appropriate staff induction, training, supervision and appraisal. The registered manager could describe the benefits of continually reviewing the quality of the services provided in identifying areas for improvement and highlighting good practice.

The inspector identified from records viewed and discussion with agency staff that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders. The inspector reviewed a number of monthly quality monitoring reports. The reports evidenced that the registered person monitors the quality of service provided in accordance with minimum standards.

The inspector noted comments from Service users, Relatives, Staff and the HSC Trust.

#### **Service users:**

- “Staff are great.”
- “I would be back in hospital if it were not for here.”
- “I was well supported with my move to here.”
- “My health has improved since my move here.”

#### **Staff:**

- “I thoroughly enjoy working here.”
- “Staff are great.”
- “Residents are well cared for.”
- “A good place to work.”
- “We provide a good service to all service users.”

#### **Relatives:**

- “Staff are good to \*\*\*\*\* and polite to me.”
- “Excellent service and a great staff team.”
- “The staff team are very supportive.”

#### **HSC Trust:**

- “Brilliant facility staff are great.”
- “My client had a smooth transition; the staff were all very good.”
- “Excellent support and communication here, no concerns.”
- “A good standard of care and support.”

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The registered manager stated that all staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency’s policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the human resource department. Records viewed by the inspector indicate that staff are registered appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency’s Statement of Purpose and Service User Guide were noted to be due for review in (2018). The agency’s premises are suitable for the operation of the agency as described in the current Statement of Purpose.

#### **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 and incidents and quality monitoring and improvement.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.



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