

# Announced Care Inspection Report 29 January 2018



## Donard Murray

**Type of service: Domiciliary Care Agency**  
**Address: 4 - 8 Bryansford Road, Newcastle BT33 0HJ**  
**Tel no: 02843726053**  
**Inspector: Caroline Rix**  
**User Consultation Officer: Clair McConnell**

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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

Donard Murray is a supported living type domiciliary care agency for up to 10 adults with Autistic Spectrum Conditions and/or learning disability, and the domiciliary care provided by Autism Initiatives is commissioned by a number of HSC Trusts (Belfast, Northern, Southern and South Eastern Health and Social Care Trusts).

Under the direction of a manager, a team leader, senior support workers and a team of support workers based at the agency's registered office within the Donard Murray building provide support to the service users.

In addition to those service users who reside within the Donard Murray building, two service users live within a small block of apartments on the Donard Murray site.

Donard Murray is owned by Choice Housing Association; all tenants have a tenancy agreement. The two apartments at the rear of the site are owned by Autism Initiatives NI, and one tenant has a tenancy agreement and the other has an arrangement to occupy.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Autism Initiatives NI/Andrew Grainger (Acting)	<b>Registered manager:</b> Dolores Veronica Curran
<b>Person in charge of the service at the time of inspection:</b> Dolores Veronica Curran	<b>Date manager registered:</b> 23/01/2018

### 4.0 Inspection summary

An announced inspection took place on 29 January 2018 from 13.45 to 16.45 hours.

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 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 care records, reviews, communication between service users and agency staff and other key stakeholders.

Service users and relatives spoken with by the User Consultation Officer (UCO), provided feedback regarding the service provided by Donard Murray supported living service in regards to safe, effective, compassionate and well led care. Some examples of good practice were highlighted and complimented and have been detailed within the body of this report. The staff spoken with during inspection provided valuable feedback in terms of their work within the agency.

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 Dolores Curran the registered 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 01 December 2016**

No further actions were required to be taken following the most recent inspection completed on 01 December 2016.

#### **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
- All communication with the agency

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users who live at Donard Murray to obtain their views of the service. The UCO also spoke with four support staff, the manager and two relatives as well as observing interactions between the service users and staff.

During the inspection the inspector spoke with two support workers to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The inspector spoke with the manager, the team leader and observed the interactions of staff with service users.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. At the time of issuing this report three staff had provided feedback to RQIA via Survey Monkey.

Staff survey results show that staff were satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel that the service is managed well?

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, training, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting
- Statement of purpose
- Service user guide
- Service user records regarding care and support planning
- Service user' records regarding ongoing review, and quality monitoring
- Recording and evaluation of daily records
- Tenants meeting minutes
- One new staff members recruitment and induction records
- Two long term staffs' supervision and appraisal records
- Staff training records
- Team meeting records
- NISCC registration and renewal of registration processes
- Monthly monitoring reports for October to December 2017
- Annual quality report for 2016
- Communication records with other professionals
- Complaints records
- A range of notification and incident records
- A range of compliments records

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 01 December 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 01 December 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.**

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency has in place a comprehensive recruitment policy; this was updated September 2017 by Autism Initiatives NI. The organisation has a dedicated human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks.

Records viewed and discussions with the manager indicated that all pre-employment information has been satisfactorily completed and verified. The inspector found that staffing arrangements maximise the provision of familiar staff to service users.

The UCO was informed by the relatives and staff interviewed that there is a core staffing team at Donard Murray who have worked there for a period of time; however there have also been a number of new staff in recent months. One member of staff interviewed had recently joined the team and advised that an induction period had taken place as well as periodic assessments as part of their probationary period.

Through discussions with the relatives and staff, as well as the UCO's observations, it was evident that staff are knowledgeable as to the types of activities each service user likes to do and the level of support required. One service user demonstrated challenging behaviours during the UCO's visit and following this, the staff were able to describe how they manage the service user's behaviour to ensure their safety.

Both service users interviewed felt that they could speak to the staff if they had any concerns. It was clear from observed interactions that the staff and service users have developed a good relationship with each other and have open communication.

The induction programme for new staff was viewed, which includes a detailed induction procedure and support mechanisms in place for them over a six month period that included a 'buddy' system. Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff.

Records of training indicated that staffs attend a range of training necessary to meet the needs of service users. Autism Initiatives NI has a system of requiring staff to complete annual competency assessments subsequent to key training events to ensure that learning objectives have been met, and to identify future learning needs.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. Records viewed by the inspector indicated that staffs are provided with supervision and appraisal in accordance with the agency's policies and procedures.

The inspector noted that arrangements are in place to ensure that staffs are registered as appropriate with the relevant regulatory body. The records confirmed the majority of staff are registered with The Northern Ireland Social Care Council (NISCC). The manager confirmed that three newly appointed support workers had applied and were awaiting their registration certificates from NISCC. The manager discussed the system in place to identify when staff are due to renew registration.

The agency’s policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The ‘Adult Protection’ policy and procedure provided clear information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 ‘Adult Safeguarding Prevention and Protection in Partnership’. The details of the agency’s Adult Safeguarding champion with key responsibilities are detailed in their procedure.

The agency’s whistleblowing policy and procedure was found to be satisfactory. The staff interviewed had a clear understanding of their roles and responsibility to identify and report actual or suspected abuse. The staff described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing.

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; records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users.

**Areas of good practice**

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

**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 two care and support plans reviewed by the inspector each had a strong person centred focus, were up to date, and clearly detailed the service users’ needs and how they wished these to be met. Service users are supported to participate in regular reviews involving their HSC Trust keyworker and that care and support plans are reviewed at agreed intervals or as required.

The manager described how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care and support plans.

The inspector viewed service user care records where staff recorded the care and support provided and that the views and choices of service users are reflected. The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing complex situations involving the well-being and safety of service users.

The UCO was informed that new staff have an in-depth induction period to enable them to become familiar with the service users and their individual needs. It was clear from discussions and through observations that the carers have good knowledge of the service users' needs and preferences; and how they are working with the service users to minimise any challenging behaviours. No concerns were noted by the UCO during the observed interactions between the service users and the staff on duty.

Staff informed the UCO that meetings with all tenants do not take place as service users prefer to have informal individual flat meetings with their key worker when necessary. Reviews take place at least annually and relatives are invited to attend.

Supervisions, appraisals are taking place and were felt to be beneficial to the staff. It was good to note that the staff interviewed felt supported by management and a counselling service is also available.

The UCO was informed by the relatives and staff spoken with, that there is adequate staffing levels to provide the necessary care to the service users and support them with their activities. The majority of service users have lived at Donard Murray for a number of years and it was clear from observed interactions that the staff and service users have developed a good relationship with each other.

Team meetings are held regularly; the inspector viewed minutes of November 2017 and January 2018 meetings that indicated a range of topics and matters were discussed and updated information was provided.

The agency's data retention policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records were maintained in accordance with legislation, standards and the organisational policy. On the day of inspection the staff personnel and service users' records were retained securely and in an organised manner. Staff records indicated that they had received training relating to record keeping, confidentiality and data protection.

### **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 the quality of the services provided.

### **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.**

The service users live in flats and the UCO noted that they had been personalised by the service users to their individual tastes. Service users are given choice regarding activities and meals, and the staff were knowledgeable as to the type of activities they like to do and the support required. Service users are involved in the decisions as much as possible.

Below are a number of activities that the service users have carried out since living at Donard Murray:

- Shopping
- Arts and crafts
- Cooking and cleaning
- Day care centres
- Swimming
- Walks
- Holidays i.e to London, Scotland and Wales
- Computer games
- Board games
- Meeting up with friends
- Work placements
- Cinema
- Music
- Attending plays
- Pet therapy
- Slimming World
- DVDs
- Horse riding and carriage driving
- Basketball
- Life skills course

During the home visits the UCO observed interactions between the staff and service users; no concerns were noted. Examples of some of the comments made by the service users and relatives interviewed are listed below:

- “There have been a lot of new staff recently but they’re getting to know XXX and how to support him. I can talk to the staff or manager if there are any issues.”
- “Absolutely no concerns. XXX has a fabulous quality of life.”
- “Get on well with the staff.”
- “Happy to share with XXX.”

Tenants hold flat meetings regularly; the inspector viewed minutes of a variety of flat meetings held in October and December 2017.

The minutes show that a range of topics and matters were discussed including plans for flat redecorating, improved lighting outside and Christmas shopping and activities. Service users had fully participated in these meetings and were also provided with updated information and reminders.

Discussion with the support workers showed that they understand and respected the needs and wishes of service users. For example, service users were supported to prepare healthy meals of their choice, are encouraged to recycle household waste and the social activities they engaged in were very person-centred. One support worker described the job satisfaction of seeing a service user achieve their goal, even if it appears a small goal met, 'it feels great, the best part of the job'.

Staff interviewed confirmed they have been provided with training and information in relation to human rights and confidentiality. The agency has provided service users with information relating to human rights, advocacy and adult safeguarding. Service users were encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

Compliments reviewed during inspection provided the following examples in support of compassionate care:

- "I am very pleased with the care and placement of xxx. Thank you to the staff for all their hard work, even when xxx is being difficult." (Verbal feedback from a service user's relative during review meeting).
- "Thank you to all the team on the great support they give xxx on a daily basis. Xxx looks so well, we had a good day in town and had a meal together." (Verbal feedback from the relative of a service user).
- "I am happy and content with the care of xxx. The flat is fresh, clean and tidy and xxx likes the new chair. Xxx was thanking all the staff and very happy with the support received." (Verbal feedback from Trust social worker following a service users review meeting).

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing service users and their representatives.

### 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.**

The agency's Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The agency's premises are suitable for the operation of the agency as described in the Statement of Purpose. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The day to day operation of the agency is overseen by a registered manager, a team leader, senior support workers and a team of support workers.

Support workers spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Senior managers were available for consultation out of hours and had a working knowledge of the service.

The inspector examined the management and governance systems in place to meet the needs of service users. Robust systems of management and governance established by Autism Initiatives NI had been implemented at the agency.

Monthly monitoring reports were viewed for October, November and December 2017. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by a manager who have a good working knowledge of the service. Each report contained a summary of service user and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The record includes details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation, finance and training.

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 staff confirmed to the inspector that they have free access to the organisation's policies and procedures, with a system in place to indicate they have read them.

The agency's complaints procedure viewed was found to be in line with regulations and standards. The manager confirmed that the agency had received one complaint in the past year. Records viewed confirmed that this matter was appropriately managed and had been resolved. The staff training records viewed confirmed all staff had received update training on handling complaints during 2017. Staff members interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

A review of incident reports documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures. There were a number of incidents notified to RQIA and these were confirmed as having been received in line with the required timescale. The manager discussed their on-going monitoring and review of service users challenging behaviours. The inspector was satisfied that all appropriate measures are in place, in conjunction with other relevant professionals, to ensure the safety of all service users living at Donard Murray.

The inspector examined the annual quality report of service user/representatives/staff/other professionals satisfaction completed for 2016.

This report reflected a high level of satisfaction regarding the care and support provided and the manner in which staff treats service users along with action points. This report was confirmed as appropriately detailed and had been shared with service users/relatives/staff and the HSC Trusts in February 2017. The manager explained that feedback would be requested in February 2018 from all stakeholders regarding their annual satisfaction review for 2017.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### 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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