

# Unannounced Care Inspection Report 2 January 2020



## Garryduff Supported Living Service

**Type of Service: Domiciliary Care Agency**  
**Address: 2A Garryduff Road, Ballymoney, Antrim, BT53 7AF**  
**Tel No: 028 2766 6220**  
**Inspector: Aveen Donnelly**

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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**

Garryduff Supported living Service is a Domiciliary Care Agency, supported living type. The agency provides 24 hour personal care and housing support to up to seven service users who live in individual rooms and a range of shared facilities.

The service users' care is commissioned by the Northern Health and Social Care Trust (NHSCT)

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Triangle Housing Association  <b>Responsible Individual:</b> Mr Christopher Harold Alexander	<b>Registered Manager:</b> Ms Jacqueline Pearl Peacock
<b>Person in charge at the time of inspection:</b> Ms Jacqueline Pearl Peacock	<b>Date manager registered:</b> 8 November 2018

### 4.0 Inspection summary

An unannounced inspection took place on 2 December 2019 from 09.45 to 14.00 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection assessed progress with any areas for improvement identified during and since the last care and finance inspections. The inspection also sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff development, adult safeguarding and risk management. The care records were well maintained and were very person-centred. There were examples of good practice identified throughout the inspection in relation to the provision of compassionate care. There was a culture within the service which focused on maintaining good working relationships.

No areas for improvement were identified.

At the request of the people who received care and support from Triangle Housing Association, the organisation has requested that RQIA refer to these individuals as 'tenants'.

All those consulted with spoke positively in relation to the care and support provided.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and tenants' experience.

## 4.1 Inspection outcome

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

No areas for improvement were identified during the inspection.

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

## 4.2 Action/enforcement taken following the Pre-registration inspection dated 24 April 2018

Other the areas identified for improvement, no further actions were required to be taken following the most recent inspection on 24 April 2018.

## 5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report and QIP
- records of notifiable events reported to RQIA since the pre-registration inspection
- all correspondence received by RQIA since the previous inspection

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff responded prior to the issuing of this report.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow tenants and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received prior to the issuing of this report.

Questionnaires were also provided for distribution to the tenants and their representatives. Three were returned and details of the responses are included within the report.

During the inspection, the inspector observed staff interactions with five tenants, who all appeared relaxed and comfortable in their surroundings. The inspector also spoke with two staff members. Following the inspection, the inspector spoke to one relative, by telephone on 2 January 2020. Comments received are reflected within the body of the report.

Areas for improvement identified at the last care and finance inspection were reviewed and assessment of compliance recorded as met.

**6.0 The inspection**

**6.1 Review of areas for improvement from the last finance inspection undertaken on 14 February 2019; and the Pre-registration inspection dated 24 April 2018**

<b>Areas for improvement from the last finance inspection</b>		
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 6 (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 March 2019</p>	<p>The registered person shall ensure that there is written evidence available confirming the identity of the appointee for relevant service users (where this representative of the agency). These details should be clearly reflected within the relevant service users' individual written agreements.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The review of the records confirmed that the name of the appointee had been identified tenants agreements.</p>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2019</p>	<p>The registered person shall ensure that the arrangements and costs associated with providing transport to service users are clearly detailed within a written agreement with the service user.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The review of the records confirmed that the transport costs had been clearly included in the tenants agreements.</p>	

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>		
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 14 (e)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of inspection</p>	<p>The registered person shall ensure that where the agency is acting otherwise than an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was no longer any door within the supported living facility with a glass window pane. This area for improvement has been met.</p>	

**6.2 Inspection findings**

**6.3 Is care safe?**

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

The agency’s staff recruitment processes were noted to be managed by the organisation’s human resources department (HR). The review of recruitment checklists for two staff confirmed that the required pre-employment checks had been satisfactorily completed and verified before staff commenced employment.

New employees were required to complete an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The review of two training records confirmed that induction had been provided in keeping with the agency’s policy and procedure on staff induction. Profiles were retained for agency staff, provided from other registered domiciliary care agencies used; this evidenced their suitability to work with people who have learning disabilities.

There was a rolling programme of supervision, appraisals and training and these areas were routinely monitored as part of the monthly quality monitoring processes. Competencies were undertaken on an annual basis in relation to medicines administration and management of finances.

It was good to note that additional training had been provided to staff in areas such as epilepsy awareness, RESPECT training and professional boundaries. Information on human rights was included in the induction workbook.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised by the manager that a senior manager within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. It was good to note that a safeguarding flow chart was displayed for staff to refer to.

The manager advised the inspector that there had been no incidents referred to adult safeguarding since the date of the last inspection. It was good to note that tenants had been given easy-read information on what abuse was and what they should do if they are treated badly. The annual position report had been completed.

The inspector reviewed a sample of accident and incident records and confirmed that they had been managed appropriately. These areas were reviewed by the management team as part of their quality monitoring processes.

The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where tenants have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the manager advised that they did not identify any potential challenges in this regard.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the tenants' health, welfare and safety.

The review of the restrictive practice register confirmed that any restrictions in place were reviewed on a regular basis and were of the least restrictive in nature. The review of the records confirmed that all staff had completed training in respect of the Deprivation of Liberty Safeguards (DOLs). The manager was advised to obtain updated profiles from other registered domiciliary care agencies used, to ensure their staff had up to date DOLs training.

Advice was given to the manager in relation to the Code of Practice which focuses on how the provisions relating to money and valuables and research work.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff development, adult safeguarding and risk management.

### **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

## 6.4 Is care effective?

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

The care records evidenced referral information and risk assessments and were noted to be comprehensive and person-centred. The care plans reviewed identified that consideration had been given to the tenants' human rights. This related particularly to, but was not limited to, the tenants' rights to privacy, dignity, expressing views, consent and autonomy.

The review of the care records identified that the staff had explored with the tenants what was important to them and how the staff could best support them. Participation records were completed on a daily basis for all tenants, in relation to the amount of care and support they required assistance or support with. The data from the participation records was analysed bi-annually, to enable the manager to monitor and compare outcomes for each tenant.

There was a record retained of the dates the tenants had their annual care review meetings with the relevant HSC Trust representatives.

The review of the tenants agreement identified that the agency's values had been included; these included choice, dignity, respect, empowerment and inclusion.

Review of the care records evidenced that collaborative working arrangements were in place with tenants, staff and other key stakeholders.

Staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

The agency had monthly quality monitoring systems in place which included consultation with a range of tenants, staff and where appropriate HSC Trust representatives.

### Areas of good practice

The care records were well maintained and there was evidence that the agency engaged well with the tenants.

### 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 compassionate?

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

The inspector discussed arrangements in place relating to the equality of opportunity for tenants and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of tenants in a safe and effective manner.

Discussions with the tenants, staff and the manager provided evidence that supports tenants' equal opportunities, regardless of their abilities, their background, choices or their lifestyle. No complaints had been received in relation to inequality issues. Training was planned for staff in relation to equality and diversity.

A number of documents were also available in easy read format. This included information on how to make a complaint, the difference between care and support tasks, how to keep safe, health and safety, how to become involved in community events and how to be a good neighbour.

Reports of quality monitoring visits indicated the agency had systems for regularly engaging with tenants and where appropriate relevant stakeholders. It was good to note that the annual tenants' satisfaction survey, specifically asked tenants if they felt that they had been treated fairly and with respect. The review of the tenants' survey also confirmed that they had been supported to do things independently.

The review of the compliments records noted that one relative had particularly praised the staff for being 'absolutely wonderful' and for the bond that the staff had established with the tenant.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. A recent activity the tenants enjoyed included participating in a carol service, where the staff and the tenants used Makaton to sing along with Christmas carols. Other activities included being assisted with shopping, attending an adult special needs Ministry, learning disability discos and knitting classes.

The inspector observed a number of tenants who appeared comfortable in their interactions with staff. Staff spoken with spoke positively in relation to the training provided and in relation to the responsiveness of management to any possible concerns they may have. The relatives consulted with spoke positively in relation to the care and support provided. Comments are detailed below:

### Tenants' representative

- "I am very impressed with them, they are just super and are really good to (tenant's name)."

The relative spoken with gave an example of how the staff went over and above the call of duty, when their relative was unwell. This example of compassionate care was shared with the manager and is highly commended by the inspector.

The returned questionnaires indicated that that they were 'very satisfied' that the care was safe, effective and compassionate; and that the service was well led. Written comments are detailed below:

- "The staff at 2a are excellent."

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised care and engagement with tenants with the aim of promoting the safety of tenants and improving the quality of the service provided.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of four team leaders and a team of support workers. The agency's staffing arrangements were discussed and the manager advised that there had been no complaints received regarding staffing shortages. No concerns were raised with the inspector in relation to tenants' needs were not being met.

There was a procedure in place for managing complaints, to ensure that they would be managed appropriately and in accordance with legislation, standards and the agency's own policies. No complaints had been received since the date of the last inspection. Those consulted with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

All staff providing care and support to tenants are required to be registered with the Northern Ireland Social Care Council (NISCC). There was a system in place to monitor registration and renewal dates.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and an action plan was generated to address any identified areas for improvement. Advice was given in relation to the need for the quality monitoring visits to have more input from stakeholders; this related specifically to the input from tenants' representatives and healthcare professionals.

There were systems in place to ensure that the quality of services was reviewed on an annual basis. Tenants feedback was viewed and was noted to be very positive.

Staff and HSCT Trust representative feedback was not available for inspection. This will be reviewed at the next inspection.

There was a system in place to ensure that the agency’s policies and procedures were reviewed at least every three years. Policies were held in an electronic format and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the relevant HSCT representatives, tenants and staff.

**Areas of good practice**

There was a culture within the service which focused on 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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